

Oceania Care Company Limited - Eden Rest Home and Village

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:	Eden Rest Home and Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 June 2021 End date: 30 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:	58

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

Eden Lifestyle Care and Village provides rest home or hospital level of care for up to a maximum of 70 residents. There were 57 residents in the facility on the first day of the audit. The service is operated by Oceania Healthcare Limited and managed by a business and care manager (BCM) and a clinical manager (CM) with support from the executive management team.

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 members, managers, staff, the visiting physiotherapist and two nurse practitioners. All interviewees spoke positively about the service. There were no areas of concern raised.

There were no areas requiring improvement identified as a result of this audit. A rating of continuous improvement has been awarded for successfully eliminating use of agency staff to cover staff absences.

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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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Personal privacy, independence, individuality and dignity are supported. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori can have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

A complaints register is maintained with complaints resolved promptly and effectively.

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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Business and quality and risk management plans included the scope, direction, goals, values and mission statement of the organisation. Service monitoring is regular and reliably reported to the governing body. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families.

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

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

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

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and nurse practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

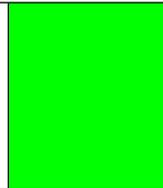
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified 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.

The environment meets the needs of residents and all areas inspected were clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are maintained as safe and are accessible to all residents.

Waste and hazardous substances are well-managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are managed safely.

Laundry is undertaken offsite and evaluated for effectiveness.

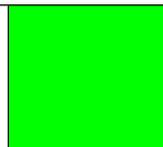
Staff are trained in emergency procedures (which was witnessed first-hand on day one of the audit), use of emergency equipment and supplies. Fire evacuation procedures are regularly practised.

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.

The organisation has implemented policies and procedures that support the minimisation of restraint. There was one resident using restraint at the time of audit and no residents using enablers.

Staff understood that the use of enablers is voluntary and only implemented at the individual's request and consent to use these.

A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes and are provided with regular education.

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 trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	50	0	0	0	0	0
Criteria	1	100	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>Eden Rest Home and Village is guided by Oceania Healthcare Limited's overarching policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed demonstrated knowledge, understood the requirements of the Code and were observed demonstrating respectful communication, open disclosure, encouraging residents' independence, providing options and maintaining residents' 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</p>	FA	<p>Nursing and care staff interviewed understood 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.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent was defined and documented, as relevant, in the residents' records. Consent forms were sighted for Covid-19 and flu vaccinations. Staff were observed to gain consent for day-to-day care.</p>

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	During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility and a handbook in each care suite. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. The clinical manager (CM) was unaware of any use of the advocacy service.
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	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. 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.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and associated forms meet the requirements of Right 10 of the Code. The BCM is responsible for managing complaints. The complaints register reviewed contained two complaints that had been received in this calendar year. Documentation related to both complaints confirmed these were investigated promptly, that the matters were resolved within suitable timeframes, and that all parties were kept informed about the process. Where required, actions had been implemented to improve and address service shortfalls. Interviews confirmed that the complaints process was explained to residents and family on admission. Complaint forms were available in various locations throughout the facility. Residents and family members interviews confirmed that they were aware of the complaints process and felt comfortable in making a complaint should they need to do so. They stated that any issues raised had been dealt with effectively and efficiently. Residents demonstrated an understanding of their rights and how to access advocacy services if they required support during a complaints process. There have been no known complaints submitted to the Office of the Health and Disability Commissioner (HDC) or other external authorities since the previous audit.
Standard 1.1.2: Consumer Rights During	FA	Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided. The Code is displayed in

<p>Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>reception and beside the lifts together with information on advocacy services, how to make a complaint and feedback forms. Each care suite has a handbook with information on the facility, services available, such as hairdresser, laundry, meal times, how to order a newspaper, how to make a complaint, the Code and Advocacy Services.</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 families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Eden Rest Home and Village ensures that each resident has the right to privacy and dignity. The residents' own personal belongings are used to individualise their care suites. There is one married couple sharing a room. Spaces are available for private conversations and patient information was maintained in the computer with staff having unique 'logins' to access. The residents and family members interviewed confirmed they were treated with respect. Health care assistants (HCAs) were observed knocking on bedroom doors prior to entering and doors were closed when cares were been given.</p> <p>Residents and staff reported they had not witnessed any abuse or neglect; however, they understood the processes to follow in the event of this occurring. Staff receive annual training on abuse and neglect and can describe the signs. There were no documented incidents of abuse or neglect in the incidents reviewed in residents' files. Staff interviewed were aware of the need to ensure residents are not exploited, neglected or abused. Staff are clear about professional boundaries and ethics that inform their behaviour when interacting with residents. A staff code of values and conduct booklet was included in their orientation pack.</p> <p>Residents are encouraged to maintain their independence by attending community activities and organising appointments. Care plans 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>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</p>	<p>FA</p>	<p>There were no residents who identified as Māori on the days of audit. There is a current Māori health plan developed with input from cultural advisers. Principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau. Guidance on tikanga best practice is available as is information on the Te Whare Tapa Wha Māori model of health.</p>

acknowledges their individual and cultural, values and beliefs.		
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed. The resident satisfaction survey confirmed that individual needs are being met. Staff are educated as part of the mandatory education provided on cultural safety and cultural appropriateness. Cultural activities are included in the activities programme to celebrate the cultures represented. Church services are available to residents and their families.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<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, wound care specialist, psychogeriatrician and education of staff. The two nurse practitioners (NP) 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 to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included weekly 'toolbox' talks for all kitchen staff including hygiene topics, cleaning, storage of food and labelling of products. They also acknowledge things in food service that have been done well and are appreciated by the residents to encourage ongoing improvements to the food service.</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 family members stated they were kept well informed about any changes to their/their relative's health status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, although reported this was rarely required due all residents able to speak English and the multi-cultural staff who are able to provide interpretation as and when needed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Oceania Group and their executive management team are responsible for the service provided at Eden Rest Home and Village. Oceania has a documented mission statement, vision and values which demonstrates a philosophy of resident centred care. These are available to residents and their families on the company website, are provided with the enquiry pack and were sighted at the facility. The staff orientation programme includes and introduction to and training on the group mission, vision and values.</p> <p>The organisation develops an annual business plan with objectives and goals which each of its care facilities responds to. Eden Rest Home and Village creates specific goals each year that relate to their service and responds to the organisation's overall plan. These goals and progress toward achievement are monitored for progress by the executive management team, based on the information provided by monthly business status report.</p> <p>There is frequent communication between the facility and members of the executive management team, via monthly reports and as needed site visits and telephone calls. The regional clinical and quality manager (CQM) was on site providing support during this audit.</p> <p>The BCM has been in the role for two and a half years. The BCM is a registered nurse (RN) with a current practising certificate (APC) and has a bachelor's degree in business studies, a bachelor's degree in nursing and a postgraduate diploma. The BCM is supported by a clinical manager (CM) who was very recently appointed. The CM has extensive experience as an RN working in aged care and had previously worked for Oceania as an RN. The CM holds a current annual practising certificate and is supported by the Oceania CQM and BCM. This person confirmed they had completed an orientation process appropriate to their role.</p> <p>Eden Rest Home and Village has an Aged Related Residential Care Contract (ARCC) with Auckland DHB to provide rest home and hospital level care and respite/short stay. The facility is certified for a maximum of 70 residents. There are 66 rooms with larger rooms suitable for use by a couple. There was one couple on site. On the days of audit there were 58 beds occupied but 57 residents on site because one was in the public hospital. Twenty-three residents were assessed as hospital level care and thirty five as rest home care. There were no respite/short stay residents.</p> <p>Fifty-six of the occupied suites have occupational right agreements (ORA) in place. One rest home resident and</p>

		one hospital resident did not have ORAs.
<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 CM and guest services manager carry out all the required duties under delegated authority.</p> <p>When the CM is absent, all clinical management is overseen by the BCM who is maintaining their annual practising certificate (APC) and clinical practice enabling them to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p> <p>The BCM explained there is always at least one manager from their facility leadership team on site seven days a week.</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>Eden Rest Home and Village follows the Oceania documented quality and risk management system which is well embedded in practice and reflects the principles of continuous quality improvement. The Oceania management group reviews all its policies regularly with input from relevant personnel. Policies 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 currently known best practice. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The organisation has now established a clinical governance committee which has documented terms of reference. The committee meets monthly and comprises the general manager of nursing and clinical services, the two regional operations managers, four clinical quality managers, the projects operations manager, national health and safety manager and national nurse educator. Subsequent to completing a review of clinical governance in 2020, Oceania released its national clinical excellence strategy in May 2021. This five year strategy clearly identifies three principle of clinical excellence (evidence based practice, resident centred care and the employer of choice), and three strategic priorities (risk management, resident wellbeing and clinical capability). Each of these priority areas has documented measures of clinical excellence. This significant strategy outlines 'the components for Oceania's model of care'. In essence, it broadly defines the way clinical and health services are delivered, using best practice care and services within the principles of person centred age care for all people who progress through Oceania services. The new clinical governance approach heralds a unique clinical excellence and nursing perspective which is anticipated will enhance the Oceania brand, create more value to all stakeholders (including residents and staff) and make a noticeable point of difference that increases demand for services and provides sustainability for the organisation into the future.</p>

		<p>At the facility level, service delivery is monitored through complaints, internal audit activities, regular resident and relative satisfaction surveys and the organisation's reporting systems which utilise a number of clinical indicators, such as incidents and accidents; surveillance of infections; pressure injuries; falls and medication errors.</p> <p>Quality improvement data is collected, collated and analysed to identify trends. Where audits or quality data indicate the need for improvement, corrective action plans were sighted, implemented, and evaluated before being closed out. This audit confirmed there was excellent communication across staff about any subsequent changes to procedures and practice. This was evidenced by staff interviews, observation of handovers, meeting minutes and staff notices. A range of meeting minutes (quality, health and safety, and staff meetings) demonstrated how this information is shared with all levels of staff. Residents and family are notified and updated about changes that impact them via resident meetings and/or newsletters.</p> <p>Staff reported their involvement in quality and risk management activities through their participation on committees and with internal audits. At Eden there were seven specific service delivery focused committees such as, health and safety, restraint, falls, pressure injuries, continence, infection control and weight loss. These committees are comprised of mixed skill staff who 'champion' their speciality topic and meet regularly. Outcomes from these committees is reported to the facility quality improvement team.</p> <p>Resident and family satisfaction surveys were being completed regularly. Twenty-four respondent returns from February 2021 and four from May revealed high satisfaction with services. Where resident feedback indicated a need for change, there was evidence their comments were followed up, either through immediate action, for example changing the afternoon tea time from 2pm to 2.30pm, arranging specific staff training, and trialling new approaches to service delivery. Residents and family members interviewed were very positive about the quality and range of services provided at Eden.</p> <p>The organisation has a risk management programme implemented which documents how risks are managed in clinical services, the environment, with human resources and other areas at this facility. Health and safety policies and procedures are documented along with a hazard management programme. The hazard register sighted was current and is kept updated. Staff interviews confirmed an awareness of health and safety processes and the need to report hazards, accidents and incidents promptly. The BCM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and understands the requirements. There have been no WorkSafe NZ notifications since the previous audit.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned,</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. The sample of incidents forms reviewed contained all expected information, including recordings of neurological observations for unwitnessed falls. Where indicated, investigations into the cause of the incident occurs, and if follow up was required, there was a traceable record of the actions taken that included a timeframe for implementation. There was evidence of</p>

<p>or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>a corresponding note in the resident's progress notes and notification of the resident's nominated next of kin. All incidents are being reviewed by the BCM to ensure that actions are completed and then signed off.</p> <p>Adverse event data is collated into graphs, analysed for trends and reported to the support office each month. The data is then benchmarked against other Oceania facilities. This information is also shared with facility staff. Specific learnings and results from incidents/accidents inform quality improvement processes and are regularly shared at quality, health and safety and staff meetings as seen in the meeting minutes sampled.</p> <p>The BCM and CQM demonstrated understanding about essential notification reporting requirements. They advised the only notifications of significant events made to the Ministry of Health, and DHB since the previous audit had been the change in clinical manager and one unstageable pressure injury for a palliative resident in February 2021.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Staffing management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. The sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period and then annually.</p> <p>Eden Rest Home and Village follows the Oceania approach to professional development which ensures that ongoing education is provided to all staff. Training records and interviews confirmed that all staff had undertaken a minimum of eight hours training each year which was relevant to their roles. Continuing education is planned and coordinated nationally each year. This includes role specific mandatory annual education and training modules that are provided via study days. Each facility also has the ability to implement other upskilling opportunities, such as using 'tool box tutorials' and inviting in guest presenters for specific purposes. For example, at Eden, the internal audit programme identified a need for improvements in wound care documentation. All RNs were then scheduled to attend an education session on wounds provided by an external specialist in July.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Of the 39 HCAs currently employed, 21 have completed Careerforce training to level 4, 3 are at level 3 and 15 have commenced level 1.</p> <p>All HCAs on night shift have current medication competencies and first aid. A number of staff members are identified as internal assessors for the Careerforce education programme. Six of the seven cleaning staff have attained level 2 cleaning qualifications and all kitchen staff have completed unit standards on food safety.</p>

		<p>Of the seven RNs employed, all plus the CM, are maintaining their interRAI competencies.</p> <p>Education session attendance records showed that ongoing education is provided in topics relevant to the services delivered. The recently introduced electronic training register (LMS) readily identifies individual care staff who are due to complete their required training and competencies. These include subjects such as: fire training; infection control; hoist use; restraint; medication management; and wound management. Each of the staff records sampled contained evidence that training and annual performance appraisals were up to date.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). This meets the minimum requirements of the DHB contract. Interviews and rosters confirmed that staff levels are adjusted to meet the changing needs of residents. There is a casual pool of RNs and HCAs available to supplement rosters when needed to accommodate increases in workloads. The success of an initiative to reduce use of bureau/agency staff has led to a rating of continuous improvement and is described in criterion 1.2.8.1.</p> <p>The BCM or the CM are rostered on call after hours, seven days a week. Staff reported that reliable access to advice is available when needed.</p> <p>Care staff and RNs said there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover is provided to meet current residents' acuity and bed occupancy, with staff replaced in any unplanned absence. Residents' needs were being consistently met in a timely manner. This was even more apparent during the unexpected power outage on day one of the audit (refer to standard 1.4.7) At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage to meet the ARC requirements for hospital level care.</p> <p>Eden employs 70 staff. This consisted of a management team, RNs, health care assistants (HCAs), activities coordinators, and household staff, such as kitchen and cleaning staff who provide services seven days a week.</p> <p>Rosters sighted reflected adequate staffing levels and showed there are at least two RNs on each morning and afternoon shift, who were supported by six to seven HCAs. There is one RN on each night shift supported by four experienced HCAs. Staff are responsible for responding to village residents' emergency call bell activations. The log book recorded three activations by village residents this year. Two of these was attended to be an HCA and one by an RN. Village residents showed up at the care facility for care from RNs at other times during the week for dressings, blood pressure recording, and medicines administrations. This is logged each day. RNs interviewed said this did not usually create undue pressure on them.</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>	<p>FA</p>	<p>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 NP, GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable. Eden Rest Home uses an electronic system for resident files. GP, NP and allied health service provider notes, discharge summaries, and referrals are scanned into the system. Each staff member has a unique password to maintain privacy and only have access to information pertinent to their scope of practice.</p> <p>Archived records are held securely on 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>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>	<p>FA</p>	<p>Residents enter the service 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 are provided with written information about the service 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 in accordance with contractual requirements. Signed admission agreements are on file in the administration office.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHBs 'yellow envelope' system and print off a transfer document from the software used to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed appropriate action was taken. 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</p>	<p>FA</p>	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff</p>

<p>medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>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 as verified in staff records.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. There are two medication rooms, one on each floor.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries in both areas.</p> <p>The records of temperatures for the medicine fridge and the medication rooms reviewed were within the recommended range.</p> <p>Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly NP review was consistently recorded on the medicine chart. Standing and verbal orders are not used.</p> <p>There was one resident who was self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. The resident fully understood the reasons for the medication and was confident in managing the task.</p> <p>There is an implemented process for comprehensive analysis of any medication errors. There have been no medication errors in the last six months.</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 four qualified chefs and a kitchen team led by an executive 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 within the last two years (31 March 2021). Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. A detailed spread sheet informs when dry stock is near expiry date and requires replacing. The service operates with an approved food safety plan and registration issued by Ministry of Primary Industry and is current until 28 March 2022. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. All staff have undertaken relevant food handling training. A liquor licence was sighted for alcohol service and purchase in the café available for residents and family to use.</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</p>

		<p>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 was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. On the day of audit there was a power outage that was handled well by the staff using onsite barbeques to finish cooking the meal with minimal delay.</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>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is 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. 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>	FA	<p>Information is documented using validated nursing assessment tools, including a pain scale, falls risk, skin integrity and nutritional screening, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and families confirmed their involvement in the assessment process.</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>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented in the system using a 'quick edit' function 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>	<p>FA</p>	<p>Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The two NPs 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 levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by three activities coordinators covering seven days. One of these staff members has recently commenced the diversional therapy training. A weekly meeting of the coordinators is used to plan a varied and interesting programme and to discuss and brainstorm ideas for any residents of concern.</p> <p>A social assessment and history called 'About Me' is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The residents' activity needs are evaluated by observing their engagement and as part of the formal six monthly care plan reviews.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered including interaction with other local rest homes. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Residents interviewed confirmed they find the programme stimulating.</p>
<p>Standard 1.3.8: Evaluation</p> <p>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. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being reviewed and progress evaluated as clinically indicated were noted for wounds and infections. When necessary, and for unresolved problems, long term care plans are added to and updated. This was observed in the case of a chronic wound. Residents and families 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)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service uses a nurse practitioner model of care, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the NP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the dietitian and wound nurse specialist. 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.</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. An external company is contracted to supply and manage all chemicals and cleaning products and to 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 which staff were observed to be using during the audit.</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 09 August 2021) 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. Evidence that this occurs was confirmed in documentation reviewed, interview with the maintenance manager and observation of the environment. There is an extensive monthly planned maintenance schedule which is reliably attended to by the one full time and one part time employed maintenance personnel. The testing and tagging of electrical equipment occurred in April 2020 and calibration of bio medical equipment in April 2021. The environment was hazard free and resident safety was promoted. External areas were confirmed as being safely maintained and were sighted as appropriate to the resident group and setting.</p> <p>Staff and residents said they knew the processes to follow when repairs or maintenance are required and said their requests are actioned in a timely way. Review of the maintenance request book revealed significant</p>

		<p>demand on maintenance staff. For example, there were 104 requests in May and 113 requests in June many of which were from village residents who live independently on site. A recently constructed apartment block which will eventually house 65 more village residents will place even more demand on the team and the BCM confirmed plans to reallocate maintenance staff and/or their hours to meet increased demand.</p> <p>Residents and family members were happy with the environment.</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>	FA	<p>There were adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each resident has use of their own fully accessible bathroom and toilet. There are additional residents and visitors' toilets located throughout the facility. There are separately designated staff toilets. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other 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>	FA	<p>Adequate personal space is provided to allow residents and staff to move around and within their bedrooms safely. All bedrooms provide for a single occupant, and many have a separate bedroom with enough space to accommodate a couple. There was one couple on site during the audit. There were 27 bedrooms downstairs and 39 bedrooms upstairs. Rooms are personalised with furnishings, photos and other personal items displayed.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>A variety of communal areas are available for residents to engage in activities. Each floor has a suitable and spacious dining room and at least two lounge areas. These are centrally located to 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>appropriate, and accessible areas to meet their relaxation, activity, and dining 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>Service delivery laundry is undertaken off site by another Oceania facility and residents' personal clothing by a contracted provider, or by family members if requested. Care staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. The cleaning staff manage the process of transferring resident's personal clothing for external laundry services. All clothing is electronically tagged. There have been isolated incidents of missing or damaged clothing, which the BCM and guest services manager effectively deal with. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>Seven cleaners are employed. Four have achieved level 3 of the New Zealand Qualifications Authority Certificate in Cleaning and two are at level two. This was confirmed in interviews of cleaning staff, their manager and training records. All cleaners attend annual mandatory training including safe use of the chemicals in use. There are always four cleaners on site for 7.5 hours each day and a fifth cleaner is now allocated to clean in the newest village attached to Eden. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Material safety data sheets were located in close proximity to the chemicals. Hazardous chemicals are identified for extra precautions when handling.</p> <p>All areas of the facility were spotless. There have been no concerns expressed by family or residents or significant service deficits identified about the effectiveness of cleaning through the internal monitoring systems.</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 which described the 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 when the building was completed in 2013. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 29 April 2021. There were another two unplanned fire activations in this calendar year. Staff and resident responses to fire alarm activations have been well coordinated and efficiently managed. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>On day one of audit, the facility had an unexpected power outage which lasted from 11.30am to 2.45pm. The management of this was impressive. Staff were immediately directed to assemble all residents in common areas, as the call bells and telephones were not working. Kitchen staff had barbecues out within five minutes and succeeded in presenting a full cooked lunch to all residents with a 15 minute delay in the usual meal time. Staff walked meal trays upstairs. Medicines were administered by staff using the data on their personal mobile</p>

		phones to enable MediMap. Emergency lighting was available at all times and the power supply company arranged for a continuous emergency supply because of the facility's hospital status. This still was not enough to power the elevators or the electronic records system but it did keep the oxygen concentrators running. The power company started to arrange provision of a generator. Management of this unexpected interruption to daily routines was effective and delivered in a calm and coordinated fashion. Residents were not unduly harried and essential service delivery continued to be provided.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. All rooms have access to an outdoor balcony. Heating and air conditioning is provided by heat pumps in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed that the home is maintained at a comfortable temperature regardless of the weather.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Eden Rest Home implements an infection prevention and control (IPC) programme to protect residents, staff and visitors from infections and to provide the highest standard of care in line with best practice. The programme is guided by a comprehensive and current infection control manual, with input from appropriate agencies and staff including clinical and quality managers, infection control nurses and other personnel within the facilities operated by Oceania Healthcare, as well as from general practitioners, pharmacists and microbiologists. The infection control programme and manual are reviewed annually (28 January 2021).</p> <p>An RN is the designated IPC coordinator, whose role and responsibilities are defined in a job description, with support and oversight from the CM. Infection control matters, including surveillance results, are reported monthly to the business care manager, the regional clinical and quality manager, nursing and clinical strategy at Oceania national support office. Matters are discussed at monthly IPC committee meetings, which is attended by CM, RN, and representatives from kitchen, housekeeping, maintenance and health care assistants.</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 responsibilities.</p> <p>During periods of Covid-19 restrictions guidelines were followed from the Oceania national support office (guided by the Ministry of Health) and passed on to staff in all departments in writing. QR codes and sign in books were available for contact tracing inside the main entrance.</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>	FA	<p>The infection control nurse has access to relevant and current information, appropriate to the size and complexity of this service. Infection control is an agenda item at the facility's staff meetings, evidenced during review of meeting minutes and interviews with staff. The internal audit programme includes infection control audits to monitor the implementation of the infection control programme. The IPC coordinator has completed online training in the last twelve months as verified in training records.</p> <p>Outbreak kits were available to support the programme and any outbreaks of infection.</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>	FA	<p>The infection control policies and procedures are relevant to the service and reflected current accepted good practice and relevant legislative requirements. Policies are accessible to all personnel, stored in the nurses' station in hard copy and online. The infection control policies and procedures are developed and reviewed regularly in consultation and input from relevant staff and Oceania support office (March 2021).</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service</p>	FA	<p>The infection control education is provided to all staff and forms part of staff orientation and education occurs as part of the ongoing in-service education programme. Interviews with staff advised that clinical staff identify situations where infection control education is required for a resident, including hand hygiene and cough etiquette. The infection control staff education is provided by the CM. Additional education has been held covering pandemic management and donning and doffing personal protective equipment as recommended for</p>

providers, support staff, and consumers.		<p>Covid-19.</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 that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The IPC coordinator and CM reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. A computer programme generates graphs that identify trends for the current year, and comparisons against previous years and this is reported to the IPC committee and the CM and national clinical strategy team. The facility's surveillance data is benchmarked against other Oceania facilities and this information is shared with staff and management. Benchmarking has provided assurance that infection rates in the facility are below average for the sector. There have been no outbreaks 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>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, one resident was using a chair brief as a restraint. There were no residents using enablers. The register showed that restraints had ceased from use for a resident who became palliative since January this year. Review of records for this and other residents who had been using restraints previously were included in the sample. Bed rails were discontinued in January and chair briefs stopped in June as repositioning from bed became untenable. This was appropriate for the resident's deteriorating condition.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on observation of the environment, review of the restraint approval group minutes, files reviewed, and from interviews with staff.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a</p>	FA	<p>The restraint approval group, made up of the restraint coordinator, other RNs, the BCM, CQM (if needed) and NP and/or GP are responsible for the approval of the use of restraints and the restraint processes. It was evident from review of restraint committee meeting minutes, residents' files and interviews with the coordinator that there are clear lines of accountability that all restraints have been approved, and the overall use of restraints is being</p>

<p>process for determining approval of all types of restraint used, restraint 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>monitored and analysed.</p> <p>Evidence of family/whānau/EPOA involvement in the decision making was documented. Use of a restraint or an enabler is part of the plan of care</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 were documented and included all requirements of the Standard. The RN restraint coordinators undertakes the initial assessment with input from other RNs and the resident's family/whānau/EPOA. The RN /restraint coordinator and CM interviewed described the documented process. Families confirmed their involvement. The NP or GP is always involved in the final decision for use of restraint. 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 the sole resident who was 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 restraint coordinator described how alternatives to restraints are used with input from staff and family members (eg, the use of sensor mats, low beds and fall out mattresses).</p> <p>When restraints are in use, two hourly monitoring occurs to check the resident is safe. Records of monitoring sighted had the necessary details. Access to advocacy is provided if requested and processes ensure dignity and privacy are respected.</p> <p>A restraint register is maintained, updated each month and reviewed at monthly restraint group meetings. The register reviewed, contained sufficient information to provide an auditable record.</p> <p>Staff had received training in the organisation's policy and procedures and in related topics, such as positively supporting people with challenging behaviours. Staff interviewed understood that the use of restraint is to be minimised and how this is maintained safety when in use.</p>
<p>Standard 2.2.4:</p>	<p>FA</p>	<p>Review of the resident's file showed that their use of restraints was being reviewed and evaluated during care</p>

<p>Evaluation</p> <p>Services evaluate all episodes of restraint.</p>		<p>plan and interRAI reviews, two monthly restraint evaluations and at the restraint committee meetings.</p> <p>The evaluation included all requirements of the standard, including future options to eliminate use, the impact and outcomes achieved, if the policy and procedure was followed and documentation completed as required.</p>
<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>	<p>FA</p>	<p>Regular restraint evaluations and reviews are completed, and individual use of restraint use is reported to the quality committee and staff meetings. Minutes of meetings confirmed this included analysis and evaluation of the amount and type of restraint use in the facility, whether all alternatives to restraint have been considered, the effectiveness of the restraint in use, the competency of staff and the appropriateness of education and feedback from the doctor, staff and families. A six-monthly internal audit also informs these meetings. Any changes to policies, guidelines, education and processes are implemented if indicated. Data reviewed, minutes and interviews with the CM CQM and restraint coordinators confirmed that the use of restraint has reduced from five to one since January 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	CI	<p>Rosters sighted, and a range of staff and resident/family interviews confirmed there were sufficient staff available to meet the needs of residents 24/7.</p> <p>Interview with the BCM and review of monthly management reports revealed that this time last year the facility was using bureau staff almost daily to cover roster shortages for RNs and HCAs. This created increased pressure on permanent staff to orientate and oversee their work and having unfamiliar people on site was unsettling for residents.</p> <p>The BCM increased the casual pool and introduced a new flexi roster system which enabled staff to pick up or reduce their hours according to their preferences. Staff were also instructed to advise their BCM directly if they were not coming in for work. This process turned around the frequency of clinical and care staff absences. Monthly management reports showed an ongoing decrease in use of agency staff in 2020 until this ceased altogether. Currently Eden care uses no agency staff (RN or HCA) and the only backfilling of staff is for café staff.</p>	<p>Initiatives to reduce the use of nursing and HCA agency staff has achieved the desired outcome. The use of agency staff has ceased. This has resulted in improved continuity of care for residents and eliminated stress on permanent staff.</p>

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End of the report.