

Oceania Care Company Limited - Whareama Rest Home & Hospital

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Whareama Rest Home

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

Dates of audit: Start date: 17 June 2021 End date: 18 June 2021

Proposed changes to current services (if any): There are no proposed changes to current services. However, a letter of reconfiguration of services from the Ministry of Health noted the service provider was decreasing rest home bed numbers from 37 to 33, thus decreasing total bed numbers by four to 77 beds, from 81 beds. The service provider informed that although they are not physically decreasing bed numbers, a pre-audit review of numbers revealed there had been a long-standing inaccuracy in the record, which was now officially corrected with the Ministry of Health.

Total beds occupied across all premises included in the audit on the first day of the audit: 56

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

Whareama Rest Home provides rest home and hospital level care for up to 77 residents. The service is operated by Oceania Healthcare and managed by a business and care manager and a clinical manager, both of whom are new since the last audit. Residents and families are satisfied with the level of care provided and expressed appreciation for the devotion of the staff.

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, management, staff, a visiting allied health provider, a nurse practitioner and a general practitioner.

This audit has resulted in a continuous improvement rating in relation to the monitoring and review of clinical indicators.

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 when they are admitted to Whareama Rest Home. At the time of admission and thereafter, opportunities are available to discuss the Code, consent, and availability of advocacy services.

Whareama Rest Home provides services that respect the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were reported and observed 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.

Staff, residents, and residents' family members confirmed open communication is promoted and is effective. There is access to formal interpreting services if required.

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

Prospective and new residents, and family members are informed about how to raise a concern or a complaint. A complaint register demonstrated that complaints were 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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A strategic plan for the organisation outlines a purpose, four drivers, 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. A business and care manager is supported by a recently employed but competent clinical manager. Both work cooperatively to manage this 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 resources processes, including the appointment of new staff, staff orientation, 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 demonstrates 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 using integrated electronic, and some 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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The service works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family to facilitate the admission.

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

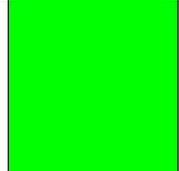
Care plans are person focussed, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. 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 assistant. Residents are provided with a programme that offers residents 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 and at times care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Waste and hazardous substances are managed according to accepted good practice. Protective equipment and clothing are readily available and staff are using these. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken on-site in a commercial laundry that is also managed by Oceania. The facility is clean and well maintained with kitchen and laundry processes monitored via the internal audit system.

A current building warrant of fitness is on display. The comprehensive maintenance schedule being implemented includes the testing of electrical equipment, the calibration of biomedical equipment, sign off of repairs and hot water temperature checks, for example. Communal and individual spaces meet the needs of residents, were clean and maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Emergency and disaster management systems are in place and staff are trained in related procedures. Emergency supplies are checked and staff attend regular fire drills. Fire evacuation procedures are practised every six months. Call bell monitoring systems are in place, as are security monitoring systems.

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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Organisational policies and procedures support the minimisation of restraint and describe safe use of any restraint. One enabler and three restraints were in use at the time of audit, with enabler use being of a voluntary nature.

Comprehensive and safe assessment, approval and monitoring processes for the restraints in use are in place. Monthly reviews and evaluations of all restraint and enabler use are undertaken by the restraint approval group, which meets for the start of monthly registered nurse meetings. Restraint use is also monitored as a component of both Whareama's quality and risk system and of Oceania's national clinical excellence strategy.

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.

An experienced infection control nurse leads the infection prevention and control programme. The programme aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the organisation's expert infection control advisor and the Nelson Marlborough District Health Board. The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control. Practices are guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, data is 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)
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>Whareama Rest Home (Whareama) has processes in place to ensure its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code) are met. Interviews with staff, residents and residents' family members verified staff understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed 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>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Brochures related to the Advocacy Service were available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility is located close to a local shopping area, library, cafes, and a park, enabling residents to walk if desired.</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>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaint policy, procedures and associated forms meet the requirements of Right 10 of the Code, define the terms 'concern' and 'complaint' and note all are taken seriously. On admission, residents and family members are informed about their right to make a complaint, and how to do this, and are provided with a copy of the brochure on how to make a complaint. Those interviewed knew how to do so and who to go to. 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 and where applicable via the clinical indicators reporting and review process.</p> <p>The complaints register reviewed showed ten complaints have been received since January 2020. These vary from an issue that required pest control, staff attitudes, missing clothing, care levels and late morning tea when staff levels were low (January 2020). Actions taken, through to an agreed resolution, are documented and completed within the expected timeframes, or updates have been provided to the complainant until final resolution was achieved. Action plans show any required follow up and improvements have been made where possible. One of these complaints has just been received and at the time of audit was still under investigation.</p> <p>Complaints are managed and followed up by the business and care manager and/or the clinical manager, in cooperation with the regional operations manager. Additional Oceania management team members</p>

		<p>become involved when necessary. Staff training on complaints is scheduled to occur at least every two years and staff interviewed were aware of what to do in the event of a person expressing dissatisfaction.</p> <p>There has been one Health and Disability Commissioner complaint since the previous audit. The Nursing Council of New Zealand is also involved. Documentation viewed showed the information had been compiled by the business and care manager and the regional operations manager, then forwarded to the Oceania support office. The support office staff have responded within the required timeframes, although an extension for some records was requested at one point. Responses to the Commissioner are up to date.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and residents' 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 together around the facility, together with information on advocacy services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and residents' family members confirmed that residents receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff were aware of 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 during discussions with families and the General Practitioner (GP) or the Nurse Practitioner (NP). 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 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>	FA	<p>There was one resident in Whareama at the time of audit who identified as Māori. Interviews verified that the staff support the resident to integrate their cultural values and beliefs. The principles of the Treaty of</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>Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan, that identifies the residents' tribal affiliations, religion, and the specific practices that staff are required to attend to, or to assist the resident with, when providing care. Interview with the resident verifies the resident's cultural needs are attended to daily. The resident summarised the care provided at Whareama as; "they spoil me here".</p>
<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>	<p>FA</p>	<p>Residents and residents' family members 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 all care plans reviewed, for example, food likes and dislikes, spiritual needs, cultural needs, and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported 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 NP 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, diabetes nurse specialist, physiotherapist, wound care specialist, district nurses, community dieticians, neurology nurse specialist and mental health services for older persons, in addition to ongoing education of staff. The NP and GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff are happy in their work and there is low staff turnover. Several staff have worked at Whareama for</p>

		<p>more than 10 years and some more than twenty. All family members interviewed were complimentary of the staff, their friendliness, prompt response to call bells, requests for assistance and attending to little things. Families reported that when visiting at Whareama, you were made to feel 'a part of the family'.</p> <p>Staff reported they receive management support for education and access their own professional networks, such as on-line forums, to support contemporary good practice. 'Toolbox' teaching sessions are held monthly as is daily training days. Staff are encouraged to undertake the fundamentals of palliative care training.</p> <p>Other examples of good practice observed during the audit included an ongoing analysis of clinical indicators to enable opportunities to reduce clinical events. This has resulted in a reduction in falls, infections, wounds, and the reduction in the numbers of residents requiring restraint (refer criterion 1.2.3.5).</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 of residents stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the Nelson Marlborough District Health Board (NMDHB) when required. Staff reported interpreter services were rarely required due to all present residents being able to speak English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>A motto 'Believe in Better' or 'The pursuit of better' has emerged as part of a recent rebranding of Oceania Healthcare. 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. Meetings minutes and reports from the clinical governance committee confirmed that</p>

		<p>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>Oceania's Whareama rest home is managed by a business and care manager who has been in the role for six months. This person is a registered nurse with a current practising certificate and was the clinical manager prior to taking on their current role. Management training was pursued whilst in the clinical management role and this person has since commenced business management training. The business and care manager continues to receive ongoing mentoring from the previous business and care manager at Whareama and support from other Oceania management team members as relevant. Links with the local District Health Board portfolio manager are being maintained. 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>There are 77 beds available in this facility, of which 44 are dual purpose and 33 are rest home only. The service holds contracts under the Age Related Residential Care Agreement (ARRC) with the Nelson Marlborough District Health Board to provide rest home and hospital level care, including for respite care. On the day of audit, 56 of the beds were occupied with 26 people receiving hospital level care and 30 rest home.</p> <p>A letter of reconfiguration of services from the Ministry of Health noted the service was decreasing rest home bed numbers from 37 to 33, thus decreasing total bed numbers by four to 77 beds, from 81 beds. The service provider informed that although they are not physically decreasing bed numbers, a pre-audit review of numbers revealed there had been a long-standing inaccuracy in the record, which they had officially corrected with the Ministry of Health.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>There is an organisational policy document on delegated authority which provide guidelines that include management of the absences of both the business and care manager and of the clinical manager. The clinical manager is second in charge to the business and care manager and relieves in the absence of the business and care manager. When the clinical manager is absent, or is relieving for the business care manager, there are other senior registered nurses, including the charge nurse, hospital services, who are able to take responsibility for any clinical issues that may arise. Staff openly reported there are always sufficient senior staff around from whom to gain further advice and support as all staff work as a team.</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>	<p>FA</p>	<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>Quality improvement meetings are held every month with representatives from each area including clinical, kitchen and housekeeping, for example, occurring. Four sets of quality improvement meeting minutes were reviewed, as were those for staff, registered nurses and health and safety meetings. The meeting minutes confirmed regular reviews of key quality indicators and objectives are occurring and cover accidents/incidents, 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 staff education. Corrective actions in response to identified shortfalls are identified, developed and action plans implemented as applicable. Although a formal quality improvement project in relation to falls reduction is being implemented, efforts to address a range of clinical indicators are also being made and monitoring records to date demonstrated ongoing improvements in all areas. This has been identified as an area of continuous improvement.</p> <p>Staff reported their involvement in quality and risk management activities through reading and following policy documents and responding to corrective actions as requested. All informed they just want the best for the people they care for. A summary of the results of an Oceania resident satisfaction survey distributed in March 2021 identified some concerns related to laundry, meals, carpets and activities. The issues raised have been acted on and the business and care manager described ongoing monitoring of the actions taken. The survey results also noted the excellence of staff.</p> <p>Outcomes of the two monthly health and safety meetings are presented at the following quality improvement meeting. Health and safety representatives who are familiar with the Health and Safety at Work Act (2015) support the team in implementing requirements. Risks are discussed at all meetings and this was evident in the 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>
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<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>	<p>FA</p>	<p>Staff document adverse and near miss events into the organisation's 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 that prompted Section 31 reports to the Ministry of Health since the last audit included a medicine error, call bell failure and a facility intrusion with environmental damage. Related documentation with relevant action plans and appropriate follow-up were viewed. The call bell system problem has been temporarily resolved with a return to an older system while further planned interventions are scoped and implemented.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management policies and processes described 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. Interview records were sighted in staff files, as was evidence of referee checks, police vetting and validation of qualifications, position descriptions and signed employment contracts. Copies of current practising certificates and registrations for all internal and external health practitioners who support residents in this facility are on file and were current.</p> <p>The organisation has reviewed its orientation processes for new staff, who now complete a workbook, rather than a signed checklist, and 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 to three required if they need it, or if the person orientating them thinks it would be advantageous. Staff records reviewed show documentation of completed orientation.</p> <p>Staff education records were viewed and meet requirements. 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 these are recorded within a staff education planner 2021. Toolbox talks are provided at handovers when issues arise or reminders are required. Examples of these were sighted and reviewed. Continuing education within Oceania facilities is comprised of a study day that all staff are required to attend at least once a year. This is known as the Grow, Educate and Motivate (GEM) study day and covers the philosophy of Oceania facilities and services as well as key mandatory training expectations as required by the service provider's contract with the District Health Board. An</p>

		<p>Oceania registered nurse study day is planned once a year (scheduled for 10 August 2021) and registered nurses have 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.</p> <p>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. In addition to one of the managers interviewing new staff at or near the end of their orientation, records sighted showed annual performance appraisals are mostly up to date. For the few staff members that are overdue for their annual performance appraisal, records confirmed they were issued with the form late May 2021 and dates for review have been scheduled.</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>The business and care manager described the role of an occupancy mix matrix in planning staff rosters. This sits alongside policies and procedures which described how occupancy numbers, resident dependency and resident acuity influence staffing levels 24 hours a day over seven days a week (24/7). An Oceania national roster review group is working on further developing roster guidelines for all facilities.</p> <p>Four weeks of roster were reviewed and at least one registered nurse had been consistently rostered on duty on each shift that meets contractual requirements for hospital level care residents. Sufficient staff had been allocated to meet the needs of hospital level care residents. 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.</p> <p>The business and care manager is on call 24/7 to respond to management issues including those related to kitchen, staff concerns and equipment. Clinical issues are taken to the clinical manager if a registered nurse needs additional support or assistance; however, an on-call roster of four registered nurses is under development. If one of these managers is unavailable, then the regional operations manager, or the regional clinical manager are accessible. Healthcare assistants informed there were generally adequate numbers of staff available to complete the work allocated to them, talked of increasing complexities of people being admitted and expressed appreciation for when a short shift has been instituted to manage heavier workloads. 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 overall satisfied with staffing levels.</p> <p>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/NP and allied health service provider notes. Records are electronic, and legible with the name and designation of the person making the entry identifiable.</p> <p>Archived hard copy records are held securely on site or offsite in a secure document storage facility. Documents are readily retrievable using a cataloguing system.</p> <p>Residents' files are electronic, are stored in a secure portal and 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>	FA	<p>Residents may be admitted to Whareama when they have been assessed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the levels of care provided by Whareama. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the Clinical Manager (CM). They are offered an opportunity to tour the facility and are provided with written information about the service and the admission process. At times, the CM may visit the resident prior to admission to verify Whareama will be able to meet the resident's needs.</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 a planned and coordinated transition, exit, discharge, or transfer from services.</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 NMDHB '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 patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated 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>	FA	<p>The medication management policy was current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an 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 were two residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the CM and BCM and recorded on an accident/incident form. The resident and/or the designated representative are advised. A medication error in April 2021 was notified to the Ministry of Health (MoH) via a Section 31 notification. There was a process of comprehensive analysis, review of practice and review of competency. This is evidenced to occur for any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Whareama.</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 meal service is provided on site at Whareama by a cook 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. An up-to-date food control plan is in place. The verification of the food control plan was undertaken 16 June 2020. There were no areas requiring corrective action identified and the plan was verified for 18 months and expires 16 December 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 cook has undertaken a safe food handling</p>

		<p>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>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. 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, 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.</p> <p>If the needs of a resident changes and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission, residents of Whareama are assessed within twenty-four hours of admission using a range of nursing assessment tools, such as a pain scale, falls risk, skin integrity, nutritional screening, and depression scale, to identify any deficits and to inform initial care planning. Except for the respite residents (short stay), residents are assessed within three weeks of admission 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 verified that the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents have current interRAI assessments completed by one of nine trained interRAI assessors on</p>

		site. InterRAI assessments are used to inform the care plan.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed reflected accurately the support needs of each resident, 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 professionals' 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. Specific plans are sighted around the required management of residents' congestive heart failure, diabetes, cultural needs, respiratory needs, wound care, and erratic sleeping patterns, within the context of Whareama's commitment to an individualised approach.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations, and interviews verified that the 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 NP 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>	FA	<p>The activities programme is provided by a diversional therapist and an activities assistant. The present programme runs five days a week. Church services are held every second Sunday. Interviews identified consideration is being given to a Saturday programme on the alternative weekend to when the church service is offered. This is still under consideration at the time of audit.</p> <p>On admission to Whareama, the diversional therapist undertakes a social and history assessment 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 resident's activity needs are evaluated regularly and as part of the formal care plan review.</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples</p>

		<p>included 'Housie', bowls, van drives, visiting entertainers, quiz sessions, baking sessions, exercises, walks to the shops/library, picnic in the park and daily news updates. The activities programme is discussed at the monthly residents' meetings. Minutes of the meetings indicated residents' input into the activities programme is sought and responded to, as evidenced by a request for a barbecue and a request for bacon and eggs. Bacon and eggs are offered once a month and barbecues occur in the summer. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the activities programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<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 respiratory distress. Progress is evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Wound management plans, behaviour management and acute events were evaluated in a timely manner. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP/NP 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 RN or the GP/NP. 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 Consumers, visitors, and</p>	FA	<p>A procedure for managing healthcare waste is in place. Staff manage waste, such as general waste, infectious waste and hazardous substances in an appropriate manner and according to requirements of the waste contractor.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products. The</p>

<p>service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>chemical supplier provides relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed were aware of how to manage a chemical spill. In addition to housekeeper staff, most healthcare assistants have completed chemical safety training.</p> <p>Staff confirmed supplies of personal protective clothing and equipment are readily available and observations during the audit evidenced their knowledge of its use.</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 with an expiry date of 22 December 2021 is on public display. The building is older style and there is evidence of deterioration from use over time. However, staged renovations are underway and the regional manager informed there are ongoing discussions about the best ways to ensure these are completed with the least disruption to residents.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment are current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. A planned maintenance schedule is kept up to date with monthly checks of mobility equipment, monthly hot water temperature checks and fire and emergency system checks for example. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Staff confirmed any maintenance requests are appropriately actioned and residents informed they are happy living in this home with one saying the environment was the reason they went to Whareama.</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>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Three bedrooms have their own ensuite of toilet and shower, three have a toilet only ensuite and there are six shared ensuites, each between two bedrooms. In addition to visitor facilities, there are six showers, seven toilets and one washroom with a handbasin. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>One side of the facility has rest home level care only, while the other side has dual purpose beds for rest home or hospital level care. Residents' rooms are of varying sizes. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Three bedrooms are of sufficient size to take two beds; however, all bedrooms only have one person in them at present. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters in alcoves and spare rooms. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. There are seven lounges/sitting areas of varying sizes, which provide residents and family members with options of private areas as they choose. Two sunrooms may also be used and three outdoor courtyards provide further options, although one is reportedly seldom used.</p> <p>A large, spacious main dining room, and a smaller one that is mostly used for residents requiring assistance with their meals, are available.</p> <p>Furniture in both the lounge and dining areas 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 in an on-site dedicated laundry, which also serves other regional Oceania care facilities. Although the laundry is operated by Oceania as a separate arm from the care services, the laundry manager was interviewed and on-site laundry processes were reviewed. Laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>Residents' meeting minutes informed that residents had some concerns regarding items getting lost; however, follow-up of concerns and the laundry review system showed this was primarily the result of clothes not being appropriately labelled, or items being returned to the wrong resident.</p> <p>There is a small, designated housekeeping team who have completed chemical use and safety training, as evidenced in staff training records, human resources files and in reports from staff during interview. Chemicals were stored in lockable rooms in appropriately labelled containers. Related safety data sheets were viewed in the storage areas.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme with corrective actions followed through to address identified shortfalls and complaints.</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>Emergency management, disaster and civil defence planning guides direct the facility in their preparation for emergencies and described the procedures to be followed in the event of a fire or other emergency. Staff confirmed during interview that they are aware of the policies, procedures and guidelines for emergency planning, preparation and response. The current fire evacuation plan was approved by the New Zealand Fire Service on 16 November 2001, which confirmed the original approval dated 30 November 1999 still met requirements. A trial evacuation takes place six-monthly with a copy of the latest emailed to the New Zealand Fire Service 28 May 2021. According to records sighted, the induction and orientation programme includes fire and emergency management training, as does the GEM study day that all staff are required to complete annually.</p> <p>There is a separate civil defence kit in each end of the building, one of which is split into two to facilitate storage. These are checked six monthly as part of the internal audit system. Adequate emergency supplies of food, water and blankets and a gas BBQ are available and were sighted. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Internal audits of the call system are completed monthly. The service provider had identified the call system required upgrading and options are under consideration; however, meantime complaints about call bell responses have begun to emerge.</p> <p>Appropriate security arrangements are in place and security audits are completed six monthly. Doors and windows are locked at predetermined times depending on the season. Security surveillance checks are undertaken each night by an external security company and a security checklist is ticked off at the evening/night shift changeover</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. All residents' rooms and communal areas have natural light, opening external windows with security stays in situ and many have doors that open onto an outside garden or small patio areas.</p> <p>Heating is provided by wall mounted electric heaters throughout with water filled radiators heated by diesel fired boilers in the older wings. Areas were warm and well ventilated throughout the audit and although a relative commented it can get hot in summer, residents reported they are always warm and cosy. A free standing oil filled electric heater has been placed in a conservatory as a resident who uses this area to eat breakfast was finding it cold.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>Whareama 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,</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>developed at organisational level with input from the BCM, CM and infection control nurse (ICN). The infection control programme is reviewed annually.</p> <p>An RN at Whareama is the designated ICN whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly at the infection control committee (includes CM and BCM) and to the regional clinical manager (RCM). Surveillance results are tabled at the quality/risk, RN and staff meetings, Infection control statistics are entered into Oceania Healthcare's database enabling all members of the organisation to access that data. Data is benchmarked within the organisation's other facilities. The organisation's regional operations manager (ROM) is informed of any IPC concern.</p> <p>Every fortnight there are two Zoom meetings for the organisation's BCMs, CMs, RCMs and ROMs with the general manager nursing and clinical services, to discuss the Covid-19 vaccination rollout and the Covid-19 clinical support and management plan.</p> <p>The organisation has a national infection control group, that includes a contracted infection control advisor. This group advise the organisation's clinical governance group on any infection control matters.</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. The ICN has undertaken post graduate training in infection prevention, as verified in training records sighted. Well-established local networks with the infection control team at the NMDHB are available and expert advice from the organisation's infection control expert/national infection group is available if additional support/information is required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an infection. There are enough pandemic resources on site to manage an outbreak.</p> <p>All staff and residents at Whareama that have consented to having the Covid-19 vaccination have been vaccinated.</p> <p>Oceania Healthcare's Covid-19 pandemic plan, guides staff in the required actions to be undertaken during any changes in alert levels.</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 at Whareama reflect the requirements of the IPC standard and current accepted good practice. Policies are reviewed every two years and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by suitably qualified RNs and the ICN. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response.</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>Additional training was provided during 2020 to address the risks imposed by Covid-19. Training covered Oceania Healthcare's Covid-19 management strategies, for all staff to be aware of. Video trainings included the donning and doffing of personal protective equipment.</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</p>	<p>FA</p>	<p>Surveillance of infections at Whareama 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>

programme.		<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 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 was sighted of a low rate of infections at Whareama.</p> <p>There have been no Norovirus outbreaks at Whareama in the past three years.</p> <p>A good supply of personal protective equipment is available.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Oceania Healthcare policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The organisation's intention is to achieve zero restraints and managers and staff confirmed during interview that restraint is always the final strategy to be used to maintain the dignity and safety of all residents.</p> <p>Policy documentation notes that decisions around restraint are a clinical responsibility and contain a list of responsibilities for a registered nurse with demonstrated competency in the Restraint Minimisation and Safe Practice standards, whose role is to operate as the restraint coordinator. 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, three residents were using chair briefs as restraints and one resident was using bed rails as an enabler, which was the least restrictive and used voluntarily at the person's request. A similar process is followed for the use of enablers as is used for restraints.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to</p>	FA	<p>Policies and procedures include a list of objectives, terms of reference and function for a national restraint group which has input and representation from individuals with the necessary expertise and experience. Personnel involved include the general manager, nursing and clinical strategy, regional clinical managers and an Oceania nurse educator.</p> <p>The restraint approval group at Whareama is made up of the clinical manager, who is also the restraint coordinator, the charge nurse of hospital services, two registered nurses from the rest home, two healthcare assistants and a physiotherapist. They are responsible for the approval of the use of restraints and the restraint processes. It was evident from review of the monthly restraint approval group meeting minutes, residents' files and interviews with the restraint coordinator that there are clear lines of accountability. Records confirmed that all restraints have been approved, and the overall use of restraints</p>

service providers and others.		<p>is being monitored and analysed.</p> <p>Evidence of family/whānau/EPOA involvement in the decision making was on file for all except one person. Extenuating circumstances are currently precluding this and the GP is accepting responsibility meantime. Use of a restraint or an enabler is included within the residents' care plans.</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>	FA	<p>The restraint coordinator explained how a registered nurse undertakes the initial assessment in consultation with the resident's family/whānau. An assessment is completed prior to any use of a restraint or an enabler with the outcomes documented on an assessment form.</p> <p>Examples of completed assessments were viewed in the records of residents using a restraint. These demonstrated reasons for use of the restraint or enabler, identification of risks, examples of alternative interventions, any cultural considerations as well as involvement from the residents' family/whānau/EPOA. The person's general practitioner is involved in the final decision and signs the completed assessment form. An example of a person not meeting the service provider's assessment criteria for use of a restraint was viewed and other strategies had been developed and described in their care plan to ensure their safety.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Staff reported efforts that have been made to minimise the use of restraints, including lowering a resident's bed, attempting to involve them in activities, positioning the person where they can be closely observed and use of behaviour management techniques.</p> <p>A restraint register is maintained, updated every month and reviewed at each restraint approval group meeting. These coincide with the monthly registered nurse meeting. The register was reviewed and contained all residents currently using a restraint and sufficient information to provide an auditable record. An enabler register sits alongside the restraint register.</p> <p>When restraints are in use, frequent monitoring occurs to ensure the resident remains safe. Records of monitoring are now electronic and include details of release times, provision of food and fluids, and assistance with toileting, for example. The restraint coordinator described how advocacy services or family would be accessed if necessary.</p> <p>Staff spoken with understood that the use of restraint is to be minimised and how to maintain safety when in use. All staff interviewed informed they have completed relevant training and competencies, which was confirmed in staff training records.</p>

<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	<p>FA</p>	<p>Restraint approval group meeting minutes informed the ongoing review and evaluation of restraint use. Further evidence of these processes was in the six-monthly reviews of the records of people using restraints and in interRAI reassessments.</p> <p>The evaluation of restraint use covers the requirements of the Standard, including future options to eliminate use, the impact and outcomes achieved, if the policy and procedure was followed and that documentation was completed as required. One example of a restraint no longer being considered necessary because of a deterioration in the person's condition was viewed.</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>The restraint coordinator noted that the restraint approval group is continually monitoring and reviewing all facility restraint use at monthly restraint approval group meetings. The clinical manager is involved in these reviews. Individual use of restraint is reported to the monthly registered nurse, staff and quality meetings.</p> <p>Minutes of quality meetings reviewed confirmed 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, the appropriateness of restraint / enabler education and feedback from the doctor, staff and families. A six-monthly internal audit that is carried out also informs these meetings. As noted in the above standards, use of restraint may be declined, or withdrawn when reviews indicate it is not necessary or its use is no longer applicable.</p> <p>Restraint use and data is monitored as a component of the clinical excellence strategy. Oceania Healthcare's National Restraint Authority Group undertakes national reviews of restraint use each 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 1.2.3.5</p> <p>Key components of service delivery shall be explicitly linked to the quality management system.</p>	CI	<p>A series of key clinical indicators have been identified at the organisational level and analysis of the trends for these is ongoing. The business and care manager presented a poster at an Oceania management symposium that outlines the importance of analysing trends in clinical indicators to demonstrate levels of excellence in clinical care. Information in the poster, and as described by the business and care manager, includes corrective and remedial actions and quality improvement processes that were implemented in an effort to specifically reduce the incidence of falls, infections, wounds, use of restraint, number of sentinel events and alleged abuse. Examples of these included compulsory and additional staff education, a focus on person-centred care planning, setting of goals and evaluation of outcomes, updating of competencies, encouragement for incident reporting, ensuring staff follow company policies and procedures and collaborative working with the residents, families and other members of the health and allied teams.</p> <p>Results 2019 – 2020 were portrayed as data with variances demonstrating a reduction in all areas identified. This was also portrayed in a bar graph format. A conclusion noted structure, process and outcomes as three pillars to assist in the delivery of excellent and</p>	<p>Data from monitoring processes 2019 – 2020 showed variance in key clinical indicators of falls, infections, wounds, restraint, sentinel events and abuse have all reduced following corrective action processes and pro-active interventions to improve the quality of care for residents. The importance of monitoring such data was identified as key in acknowledging progress towards excellent quality of care.</p>

		effective care. It also noted the necessity to identify areas for improvement, develop corrective actions, address concerns and set outcomes towards excellence of care. The role of identifying trends of clinical indicators in knowing what differences occur with interventions was particularly emphasised.	
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End of the report.