

# Oceania Care Company Limited - Woodlands Rest Home and Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Woodlands Rest Home and Village
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 15 July 2021    End date: 16 July 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	45

# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Woodlands Rest Home and Village (Woodlands) is one of five facilities owned and operated by Oceania Health Care Group (Oceania) in the Tasman region. Woodlands provides rest home and hospital level care for up to 50 residents. The facility is managed by a business and care manager and a clinical services manager. The only change since the last audit has been a change of clinical managers. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board (DHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a wound care community nurse and a local general practitioner.

A strength of this organisation is their teamwork, corrective actions when issues are identified and the dedication of staff to their residents. This audit has resulted in two areas identified as requiring improvement related to completion of assessment and re-assessments, and care plans reflecting residents requirements.

## 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.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Woodlands Rest Home and Village. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

The facility provides services to residents in a manner that respects their choices, personal privacy, independence, individual needs, and dignity. Staff were observed to be interacting with residents in a respectful manner.

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

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

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

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

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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Oceania Healthcare provide the governance structure and processes for business, quality and risk management included the scope, direction, goals and values for their organisation. The electronic monitoring of the services provided allows timely effective reporting to managers, regional managers and to the governance committees through to the board. Regional managers, business and clinical provide oversight and support to the facility business and care manager and clinical manager with regular meetings occurring. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes auditing, collection and analysis of quality improvement data, including clinical indicators, actively seeking areas for continual improvement, and identifying issues that lead to improvements where required. Feedback is sought from residents and family members. Adverse events and staff accidents are documented with corrective actions implemented. Actual and potential health and safety risks are identified and mitigated. Policies and procedures support service delivery and were mostly current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to the delivery of orientation and ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix levels are determined to meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Woodlands Rest Home and Village 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/whanau to facilitate the admission.

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

Care plans are individualised, based on a comprehensive and integrated range of 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, two activities assistants, a physiotherapist, and a physiotherapist assistant. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

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

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

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of the different resident groups and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible and were seen as being safe for the different resident groups.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken on and offsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Emergency 'flip charts' were sighted. Fire evacuation drills are regularly practised. Residents reported a timely staff response to call bells. Security system are in place to maintain the safety of staff and residents.

## 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.

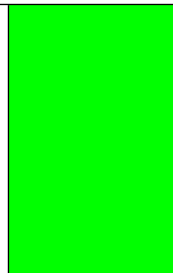


Standards applicable to this service fully attained.

Woodlands has implemented the Oceania policies and procedures that support the minimisation of restraint. There has been no documented restraint recorded at Woodlands for many years, and no residents were using enablers at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection prevention and control programme, led by an experienced and appropriately trained infection control coordinator, aims to prevent, and manage infections. Specialist infection prevention and control advice is accessed from the organisation's infection control group or the Nelson Marlborough District Health Board. The programme is reviewed annually.

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



Aged care specific infection surveillance is undertaken, with data analysed, trended, and benchmarked. Results are reported through all levels of Oceania Healthcare. Follow-up action is taken as and when required.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	43	0	0	2	0	0
<b>Criteria</b>	0	91	0	0	2	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

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

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Brochures related to the Advocacy Service were displayed and available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. Family and friends were observed visiting freely during the audit.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Oceania has a complaints policy and form which meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. Forms were sighted for residents, family and visitors to complete if they had an issue. Staff spoke of assisting residents to complete forms when they needed this.</p> <p>The complaints register reviewed showed that four complaints and 15 compliment letter/cards have been received over the past year. Documentation on each complaint showed the actions taken, through to an agreed resolution, being completed within the timeframes. A documented action plan is part of the process, and these show any required follow up and improvements have been made where possible. The business care manager (BCM) is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. No complaints have been received from the Health and Disability Commissioner's (HDC) office or other external body.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of</p>	FA	<p>Residents and family members of residents when interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in common areas together with information on advocacy services, how to make a complaint and feedback forms. Resident meeting</p>

their rights.		minutes evidence regular consumer rights updates, and opportunity for discussion is provided to residents regarding the Code and the Advocacy Services.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and family members of residents confirmed that they receive services from Woodlands in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and during discussion with families and the general practitioner (GP). All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Care plans 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 records.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were no residents at the time of audit who identified as Māori. There were four staff members who identified as Māori. Interviews verified that staff could support residents who identify as Māori to integrate their cultural values and beliefs. One of the four staff members, who is employed as the physiotherapist's assistant at Woodlands has taken on the role of the Māori liaison person. The role involves fostering an understanding of Māoritanga into everyday practices at Woodlands. The quality meeting is opened and closed with a karakia. The Māori liaison person offers residents, staff, and families the opportunity to learn to reo Māori in weekly language sessions. Phrases for the month are posted around the facility and the principles of Te Tiriti O Waitangi are incorporated into day-to-day practices. There is a current Māori health plan developed with input from cultural advisers. The plan is to have all signage in Māori as well as English around the facility. Ti Piki Oranga, the Māori health clinic based at the local marae is available for support if needed.</p>
<p>Standard 1.1.6: Recognition And Respect Of The</p>	FA	<p>Residents and their 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</p>

<p>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>special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported those individual needs are being met. An interview with a family member who had a range of restrictions imposed because of religious beliefs, was complimentary of the commitment staff made to ensure their family member's religious beliefs were not compromised due to them residing at Woodlands.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A GP also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RNs) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Woodlands encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, physiotherapist, district nurse, wound care specialist, speech language therapist, mental health services for older persons, and ongoing education of staff.</p> <p>The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education, the ability to attend relevant conferences, and have access to their own professional networks, such as on-line forums, to support contemporary good practice. The organisation's clinical team offers 'Learn online' training for RNs every fortnight. Other examples of good practice observed during the audit included a commitment to ongoing education. Care staff and RNs are supported to complete the 'Fundamentals of Palliative Care Training' by the Hospice. The organisation's grow, educate, and motivate (GEM) training sessions offer yearly updates to ensure all staff are appropriately trained to do the role they are employed to do in a safe manner.</p> <p>Several clinical improvement initiatives have been undertaken at Woodlands. One initiative, commenced in March 2021, aims at increasing the residents and staff's knowledge of Māoritanga (refer 1.1.4). An</p>

		<p>initiative to “improve the resident’s dining experience” at Woodlands was commenced in February 2021, and has involved new placemats in the dining room, fresh flowers on the tables, three separate dining rooms where people can choose to eat their meals, with each dining room offering a range of support. Clothing protectors are not placed on the tables, noise level has been reduced, soft music is playing and staff have focussed on not rushing. Staff serving meals wear black aprons and hats. Another initiative implemented in February 2021 was the addition of additional activities, and the inclusion of activities being available at the weekend. Rest home residents are also enabled the opportunity to join in the village activities programme. This initiative was implemented following feedback around activities from the resident’s survey. A formal evaluation of the effectiveness of these initiatives being introduced had however not been undertaken at the time of audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members of residents stated they were kept well informed about any changes to their own or their relative’s status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents’ records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Evidence of this occurring was sighted in the adverse events process. A quarterly newsletter advises residents and family members of updates and initiatives occurring at Woodlands.</p> <p>Interpreter services can be accessed via the Nelson Marlborough District Health Board (NMDHB) when required. There are several staff from differing nationalities employed at Woodlands, and staff assist with interpreter services if needed. Staff reported interpreter services were rarely required at Woodlands as residents are generally able to speak English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Oceania Healthcare set the strategic direction of the organisation. The organisation has recently produced their annual plan which sets out the purpose, drivers, values, strategy and outcomes. The business care manager (BCM) spoke of giving feedback on business planning directly to the CEO during a visit. The regional managers have weekly calls and meets with the BCM and clinical manager monthly. They provide a regional report to the Clinical Governance Group monthly any issues go to the board where appropriate. The electronic reporting system allows senior management to see the ongoing facility’s performance in real time for a list of clinical indicators, incidents and complaints. This showed adequate information to monitor performance is reported including financial performance, emerging risks and issues.</p> <p>The service is managed by a BCM who is a registered nurse who has been in the aged care sector for many years. They have undertaken the Oceania management training and have served on health-related boards. They have been in their present role for almost two years. Responsibilities and accountabilities are</p>

		<p>defined in a job description and individual employment agreement. A delegated authorities policy guides financial and human resource responsibilities. The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through the New Zealand Aged Care Association (NZACA), the Residential Village Association (RVA) conferences and newsletters as well as Oceania internal updates.</p> <p>The service holds contracts with the Nelson Marlborough DHB and has facilities for a maximum of 50 residents; they have 16 hospital level beds, 10 rest home level beds and 24 dual purpose beds, including 20 occupational right agreement (ORA) care suites. On the day of the audit there was an occupancy of 45 residents. This was made up of 31 residents requiring rest home level of care and 14 residents requiring hospital level of care. Three residents were under young people with physical disabilities (YPD) contract. The care suites are the rooms deemed as the premium rooms.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the BCM is absent, the clinical manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by another senior RN who can take responsibility for any clinical issues that may arise. Managers reported being supported by other local Oceania BCM and clinical managers for leave, as well as the regional managers, and that the current arrangements work well.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Oceania has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes an annual auditing calendar, management of incidents and complaints, regular residents' satisfaction surveys and family surveys, monitoring of outcomes and clinical indicators, including wounds, urinary tract infections, falls and pressure injuries. Woodlands BCM and clinical manager have developed and documented a quality plan for their services which has six goals for 2021, the documented action, person responsible and assessments ongoing.</p> <p>Á review of a selection of meeting minutes, from quality, health and safety, registered nurse and restraint, reviewed confirmed regular reporting on and analysis of quality data including clinical indicators, incidents and complaints being reported and discussed. Staff reported their involvement in quality and risk management activities through audit activities. Corrective action processes are embedded within ongoing auditing activity reports, incidents and complaints and showed issues being address until resolution. Residents' satisfaction surveys are completed six monthly. The last two surveys showed a high level of satisfaction. These were seen being discussed at the residents' meeting following the survey. Family</p>

		<p>surveys are completed from the national support office, three monthly. The last survey reviewed showed a positive response overall. Oceania support office also contact family members a few months after their family member's admission to gauge how the new resident is settling in and identify any issues. Sample showed good feedback, with no issues raised. Benchmarking with other Oceania facilities and with other national residential facilities is occurring.</p> <p>Oceania 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. The BCM stated there were no facility specific policies. The regional manager stated currently policies are being reviewed to ensure they are current and based on best practice. A review of policies identified a small number of policies (two) are over their review date. The document control system outlines a systematic and regular review (two yearly) process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>Oceania has a strategic risk register, not sighted during the audit. The regional manager and BCM described the processes for the identification, monitoring, review and reporting of risks, related to health and safety (hazards) and development of mitigation strategies. Review of the register confirmed the process. The manager is familiar with the Health and Safety at Work Act (2015) and how to implement requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events via the electronic system (ECare) and staff accident/incident via a form, and these are then transferred to the electronic system. Ninety nine incidents and near miss events were recorded in 2021. A sample of incidents reviewed showed the majority being fully completed, some have remained open for some time, with closure occurring but not being documented. Incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>Adverse event data is collated, analysed and reported to a range of meetings including the quality meeting. The electronic system can be accessed by the regional and senior managers. There is a list of events which must be escalated to senior managers promptly.</p> <p>The BCM described essential notification reporting requirements, including for pressure injuries to the Ministry and Worksafe requirements. They advised there had been one notifications of significant events made to the Ministry of Health, since the previous audit. Review of this showed good management.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes curriculum vitae (CV), interviewing, referee checks,</p>



<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of 10 staff records reviewed (RNs, clinical manager, health care assistants, the chef, diversional therapist) confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>All health professionals involved in resident care had current annual practising certificates.</p> <p>Staff induction and orientation includes all necessary components relevant to the organisational on boarding and role. Staff reported that the orientation process was appropriate for the role. Staff training records reviewed showed documentation of completed orientation and a performance review after a three-month and annually.</p> <p>Oceania has an annual education plan, including listed mandatory training requirements. All RNs and a number of health care assistants have undertaken first aid training. Evidence was sighted of care staff undertaking the various levels of the New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. An RN is the facility assessor for the programme. There are two registered nurses and the clinical manager who maintain their annual competency requirements to undertake interRAI assessments. A sample of staff training records reviewed demonstrated completion of the required training. All staff had a current appraisal, this was confirmed in files reviewed.</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 Oceania policy outlines the key factors which determine staffing levels, including occupancy, resident dependency and acuity and is to be reviewed at least annually. The BCM spoke of the roster methodology being reviewed by a team, of which she is one.</p> <p>Rosters are produced three weeks in advance; the union agreement is two weeks. The facility has been experiencing an issue with employing registered nurses (RNs). To manage this, RNs have been coming from other Oceania facilities and the clinical manager has worked on the floor. Six weeks of rosters were reviewed (the past three weeks, the present week and two going forward). These showed that RNs were available for all shifts, with exception of the first week of August. The regional clinical manager and BCM spoke of their plans for this week, which included RNs doing extra duties, coming from other facilities, agency nurses and the clinical manager working on the floor. An RN is awaiting approval for their visa application which will alleviate this problem. This is a risk for the organisation which has been documented on the organisational risk register. Rosters for kitchen, cleaning, activities and administration were also sighted.</p> <p>Afterhours, the BCM and clinical nurse manager are on call, and staff reported that good access to advice is available when needed.</p> <p>Care staff reported they were 'stretched' at times, but that staff work in teams of two and there is a good working relationship between teams to help each other complete their work. It was observed that adequate</p>

		<p>staff were available to complete the work allocated to them. Residents and family interviewed supported this. At least two staff members on duty have a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The care suites are situated in two wings of the building and staffed to meet the resident's needs.</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>All necessary demographic, personal, clinical and health information was completed in the residents' files sampled for review. Clinical notes were current and integrated with allied health service provider notes. GP's documentation was not consistently sighted in the residents' files (see CAR 1.3.3.3). InterRAI assessment information is entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Hard copy documents are scanned and then destroyed. Archiving of records occurs, with these being boxed and sent to a contracted secure storage facility in Christchurch. A process is in place to retrieve records using a cataloguing system. The BCM stated this worked well.</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>	FA	<p>Residents are admitted to Woodlands when they have been assessed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the levels of care provided by Woodlands. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the business care manager (BCM) or the clinical manager (CM). They are also provided with written information about the service and the admission process.</p> <p>Residents and/or family members of residents, when interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p> <p>Six weeks following admission to Woodlands a person from the organisation's head office follows up with the resident or their family member, through a phone call, to ensure they are happy with the admission process and the services being provided.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or 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 Oceania Healthcare's electronic transfer documentation and the NDHB 'yellow envelope'. This captures the required information to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the days 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 and medication competent caregiver 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 included 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 was consistently recorded on the electronic medicine chart.</p> <p>There was one resident at Woodlands who self-administers all their medications. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. A MOH section 31 notification was made on 16 June 2021 for a medication error causing harm. There is a process for comprehensive analysis of any medication errors at Woodlands and compliance with this process was verified. Corrective actions have been implemented to eliminate the process that enabled this error to occur.</p>

		Standing orders are not used at Woodlands.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service at Woodlands is provided on site by a qualified chef. The winter menu was revised in March 2021 based on feedback from residents and regional cluster meetings, review against Dieticians New Zealand food services and the results of a nutrition audit 2020. The menu complies with the MOH nutritional guidelines for older people, and the International Dysphagia Diet standardisation initiative.</p> <p>An updated food control plan is in place at Woodlands. A verification audit of the food control plan took place on 19 June 2020. All areas were fully attained with no areas requiring corrective action. The plan was verified for eighteen months with a new audit required by 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 chef has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. One resident, who on interview expressed dissatisfaction with the meals, verified the chef willingly provides the resident with alternatives. There are three dining rooms available for residents to eat. One in the rest home, hospital, and care suite areas. Residents in all areas 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,</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 change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM.</p> <p>There is a clause in the access agreement related to when a resident's placement can be terminated.</p>

where appropriate.		
<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 the day of admission to Woodlands, residents are assessed by an RN, 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 care planning. Within three weeks of admission residents are reassessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as a resident's changing condition requires.</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 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. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	<p>Care plans reviewed reflected the generalised support needs of the residents, and the outcomes of the integrated assessment process. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans, however, did not always include the findings of medical assessments and the associated nursing strategies required to manage or monitor problems. Any change in care required was not always documented in the care plan. Progress notes, observations, and interviews verified changes in care are actioned, and passed on to relevant staff despite the lack of documentation in the care plan. This is an area requiring attention.</p> <p>Care plans did not always evidence service integration with medical notes. 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</p>	FA	<p>Except for that mentioned in criterion 1.3.5.2, documentation, observations, and interviews verified the provision of care provided to residents of Woodlands was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in verbal handovers by the RN. A range of equipment and resources was available,</p>

needs and desired outcomes.		suited to the levels of care provided and in accordance with the residents' needs. The physiotherapist reported staff are supportive of the physiotherapist's requests regarding the physiotherapy programme.
<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 at Woodlands is provided by a diversional therapist, two activities assistant, a physiotherapist, and a physiotherapy assistant. The activities programme at Woodlands is provided seven days a week, after a request by residents for this to occur.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. A lifestyle profile is created entitled 'About Me' and 'My Life Story' and includes residents' present needs, goals, and aspirations. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples included 'sit and fit', singing, reflexology, visiting entertainers, dog therapy, quiz sessions, 'Housie', Petanque, bowls, jukebox, 'Rummikub', and daily news updates. The physiotherapist who visits one day a week, assists residents with rehabilitation programmes and enhancing mobility. The physiotherapy assistant continues with the programme when the physiotherapist is not at Woodlands.</p> <p>The activities programme is discussed at the bi-monthly residents' meetings. The meeting is run by the diversional therapist. The BCM/cook/CM attends for a short time to give feedback on any areas of concern or any updates. Minutes of the meetings indicate feedback from residents regarding activities is sought and responded to at the meeting. Resident and family satisfaction surveys demonstrated a high degree of satisfaction with the activities provided, following the implementation of several new activities and the seven day a week programme. Residents interviewed confirmed they find the programme meets their needs.</p> <p>Van outings occur twice a week and include outings to community events or to places the residents have requested to visit. Lunch outings to local cafes are a regular occurrence. Several community groups visit Woodlands (eg, local high school students, the local primary school students, cultural groups, church services, bible groups and local authors spend time telling stories). Outings for the men are to commence the week following the audit, with the men going to a local pub.</p> <p>Entertainers visit weekly, and there are frequent walks by residents to the nearby supermarket next to Woodlands.</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>Except for those areas referred to in criterion 1.3.5.2, resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN and changes attended to.</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 care providers. Short-term care plans are implemented for short term problems (eg, infections, pain, and weight loss). Progress is consistently reviewed, and progress evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</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 has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the wound care nurse, the speech language therapist, and older persons' mental health services. Referrals are followed up on a regular basis by the CM/RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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 segregation and management of waste, infectious and hazardous substances. Recycling is occurring for a range of items including food waste which is being composted. Chemicals were sighted being stored safely and safety data sheets were available online and in the areas where chemicals are stored. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Spill kits are available and staff interviewed knew what to do should any chemical spill occurred. The diesel tank used to power the standby generator has been identified as a risk for the organisation as it has not been banded. An email was sighted with the corrective action work that is underway to address this,</p> <p>There is provision and availability of personal protective equipment (face shields, masks, gloves and plastic aprons (PPE)). One patient was in isolation, with appropriate PPE being used. Staff were observed using appropriate PPE.</p>
<p>Standard 1.4.2: Facility</p>	<p>FA</p>	<p>A current building warrant of fitness (31 March 2022 expiry) was publicly displayed.</p>

<p>Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>Proactive and reactive maintenance are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Staff write in a book to communicate maintenance issues and review of the book showed issues were being addressed quickly. This was confirmed by staff interviewed. The testing and tagging of electrical equipment is carried out by the maintenance person and calibration of bio medical equipment by an external contracted provider. All equipment was sighted as current and this was confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free and resident safety was promoted including the use of sensor mats to alert staff to resident's movements, wide corridors for moving residents in wheelchairs and using walkers.</p> <p>There are a range of external areas, including garden area, and places for residents to sit with shade provided. These areas were sighted as being safely maintained and were appropriate to the resident groups and setting.</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 are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes 20 care suites with ensuite toilet and showers and seven shared toilets, a visitors' toilet and staff toilets. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment accessories, such as wheelchairs and walkers were 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 within their bedrooms safely. All bedrooms were single. Rooms are personalised with furnishings, photos and other personal items displayed. A new initiative has each resident having a 'Resident of the Day' where their room is checked for any maintenance issues and drawers and wardrobe tidied. This is good practice and should be evaluated at some stage to see if the objectives of the day are being met.</p> <p>There are rooms available to store mobility aids, wheelchairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>



<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a range of communal areas available for residents to sit and/or engage in activities including a telephone alcove and a small library. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Dining experience has been enhanced with changes to the settings. Residents were asked if the Covid-19 dining in smaller groups arrangements should be continued, and this was agreed and continues. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Oceania has a central laundry for its Tasman facilities and this is where the majority of Woodlands linen is taken. The regional laundry manager stated the laundry met the requirements of the NZS laundry standards and linen audits are undertaken three monthly. The facility has a washing machine and drier used for delicate linen, hoist slings and mop heads. The laundry had clearly delineated dirty/clean areas. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training. Cleaning staff follow Oceania policies and procedures for cleaning. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>The facility was seen to be clean and tidy during the audit.</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>Oceania emergency management plan is comprehensive and directs the region and facility in their preparation for disasters. The plan is supplanted by policies and guidelines and a flip chart to be followed in the event of a fire or other emergency.</p> <p>Emergency access and equipment is checked monthly as required by the BWOFF. The current fire evacuation plan was approved by the New Zealand Fire Service in 2000, and no building changes have occurred to require this to be re-done. Trial evacuations are planned six monthly, with a copy sent to the New Zealand Fire Service. Evidence was provided of the last evacuation drill in March 2021. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>The clinical leader has undertaken a review of the emergency supplies to be used in the event of a civil defence emergency or if an infection outbreak occurs. This includes a range of appropriate PPE, pads, water and equipment. This should be evaluated to see if the outcomes have been realised. Food would be provided from the kitchen stores. The facility has a diesel stand by generator, which provides lighting and</p>

		<p>power to some outlets. This is tested monthly.</p> <p>Call bells alert staff to residents requiring assistance. The system is checked on a regular basis by the maintenance person. There is an escalation process if the call bell is not answered within a specific time by care staff. Residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and staff check the premises is secure.</p> <p>The twenty ORA residents are cared for within two wings of the facility and are managed for emergency and security with the rest of the residents, as is appropriate.</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>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and some have doors opening out onto the garden. Heating is provided by underfloor heating in some areas and heat pumps in others. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises 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>Woodlands provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level. The infection control programme and manual are reviewed annually.</p> <p>The CM is the designated infection control coordinator (ICC), whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the infection control/quality/and health and safety committee. Any actions required are decided and implemented. Infection control statistics are entered into Oceania Healthcare's electronic database and benchmarked within the organisation's other facilities, and externally with other large NZ aged care providers. The organisation's national infection group and the regional CM is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities. Signage recently added to the front door requests visitors to keep Woodlands Respiratory Syncytial Virus (RSV) free. No children under twelve years are to visit. Anyone who is unwell are requested to stay away.</p>

		<p>There are questionnaires at the front entrance to be filled out by all visitors, seeking information regarding any possible exposure to Covid-19. Any “yes” responders are requested not to visit. An Oceania Healthcare Covid-19 management document will guide staff in the required actions needed during a change in alert level. There is sufficient personal protective equipment (PPE) available to manage isolation. Staff Covid-19 testing register is in place, as well as vaccinations for residents and staff in line with the DHB programme. The BCM informs all staff by text message of any urgent actions required at Woodlands. During level 4, family members were kept in touch with Woodlands processes and their family members through emails and texts by an RN weekly.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICC has appropriate skills, knowledge, and qualifications for the role. The ICC has undertaken on-line training in infection prevention and control as verified by interviews and in training records sighted. Well-established local networks with the infection control team at the NMDHB are available and expert advice from Oceania Healthcare’s infection control team at their support office. The ICC has access to residents’ records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICC confirmed the availability of resources to support the programme and any outbreak of an infection, in addition to adequate supplies of PPE gear onsite, should it be required.</p> <p>The Covid-19 and influenza immunisation programme at Woodlands has just been completed, with all consenting staff and residents now having received both vaccinations.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing yearly education sessions. Education on IPC is provided by the ICC. 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 has been provided to staff on the use of PPE gear. The organisation provided a video for staff to watch prior to practice sessions being held. An annual quiz on staff's knowledge of Covid-19 was undertaken in May 2021 and verified that staff are well informed.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</p> <p>The ICC has monthly 'Zoom' meetings with the infection control team at support office to be kept up to date with the company's IPC.</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>	<p>FA</p>	<p>The surveillance of infections undertaken by Woodlands is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The ICC 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 RN 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, and externally with several other large, aged care providers in NZ.</p> <p>There have been no Norovirus outbreaks at Woodlands since the ICC took on the role.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the</p>	<p>FA</p>	<p>Oceania has policies and procedures that meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The clinical manager who is also the restraint coordinator provides support and oversight for enabler and restraint</p>

<p>use of restraint is actively minimised.</p>		<p>management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. A restraint committee meet every two months to review the restraint register and monitor any restraint episodes. Restraint would be used as a last resort when all alternatives have been explored. No restraints have been used at Woodlands. A national restraint meeting, via a teleconference or online gives support to restraint coordinators</p> <p>On the day of audit, no residents were using restraints or had an enabler in use. A similar process is followed for the use of enablers as is used for restraints</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of</p>	<p>PA Moderate</p>	<p>When the GP visits a resident at Woodlands, they do not document into the resident’s electronic file at the time of the visit, but rather write their notes up when they go back to their rooms, print them out and email them to Woodlands. On receipt of the notes, Woodlands scans the notes into the resident’s file. At times, the notes do not get emailed to Woodlands. Residents’ files therefore do not always verify the resident has been seen monthly or three monthly, if deemed stable by the GP. There are five of eight files that have inconsistent evidence of timely documentation from a GP. Interview with the CM evidenced that, on occasions, the GP has seen the resident. This was found by searching through the progress notes, where the RN records ‘seen by the GP’; however, a documented record from the GP is not always available, for the RNs to follow.</p> <p>Two residents who have had recent unwitnessed falls, have a post fall assessment by an RN and neurological observations commenced half hourly and then hourly, however those observations have not been undertaken for the full 24-hours as per Oceania’s policy. Progress notes do evidence an ongoing overall assessment by the RN.</p>	<p>Evidence of documentation by the GP recording their assessment, findings and required actions following a visit/assessment was not consistently available to evidence the GP instructions, and that the resident has been seen in a timely manner. Neurological observations are not evidenced to be taken for 24-hours following</p>	<p>Provide evidence that every resident’s file has documentation by a GP verifying the visit, their assessment and their orders.</p> <p>Provide evidence neurological observations</p>

the consumer.			an unwitnessed fall.	are undertaken as per policy when residents have an unwitnessed fall.  60 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Moderate	<p>The interim care plan is completed on the day of admission, however in eight of the eight files reviewed, the interim care plan was a tick sheet that captured residents' general needs, but did not address residents' ongoing medical needs, and subsequent nursing actions required to address those needs.</p> <p>The long-term care plan, in five of eight files did not address the resident's current medical needs or changing needs. One resident, 18 months ago, was identified as a 'wanderer', and there is an 'alert' to indicate this on the front page of the care plan. Nowhere in the long-term care is there a management plan to manage the risk of wandering. A behaviour monitoring chart evidences no incidents of wandering. A resident with a respiratory condition, has no management strategies documented to manage the resident's episodes of respiratory distress, despite the resident having oxygen and the GP having clear guidelines documented regarding nursing management. A potential problem predisposing a resident to urinary retention is not documented. A resident with heart failure has actions described to address the shortness of breath while moving, however no strategies to monitor deteriorating heart failure. These findings relate to documentation only. The actions required to manage these circumstances are evidenced to be occurring by observation, progress note records, medication charts and interviews.</p>	Care plans do not always describe the required support the resident needs to meet the desired outcomes as identified by the ongoing assessment process.	Provide evidence care plans describe fully the required support the residents need to meet their desired outcome.  180 days

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.