

Oceania Care Company Limited - Otumarama Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Otumarama Home and Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 13 July 2021 End date: 14 July 2021
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	38



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
Yellow	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
Red	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

Otumarama Home and Hospital provides rest home and hospital level care for up to 38 residents, including five residents being funded under young persons with disability (YPD). It is one of five services operated by Oceania Healthcare Group in the Tasman District and is managed by a business and care manager and a clinical services manager. Since the last audit there has been a change of clinical manager. The maintenance person works at this site 20 hours a week and has recently taken up the position of regional maintenance for Oceania for the other 20 hours. The service also shares healthcare assistants and registered nurses with other Oceania services on a casual basis. 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. 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 contracted physiotherapist, a nurse practitioner from the local general practitioner's service and a general practitioner.

This audit has resulted in a continuous improvement rating in relation to improving the residents' personal space. No areas were identified as requiring improvement.

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.

On admission to Otumarama Home and Hospital, the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents. During the admission process opportunities to discuss the Code, consent and availability of advocacy services is provided and thereafter as required.

Otumarama Rest Home and Hospital provides services to residents in a manner that respects their choices, personal privacy, independence, individual needs, and dignity. Staff were noted to be interacting with residents in a respectful manner.

Residents who identify as Māori have care guided by a comprehensive Māori health plan and related policies.

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

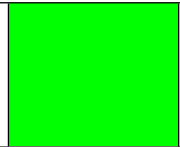
Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has links 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.

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 up to the governance committees to the board. Regular meetings with regional managers and the business care manager and clinical manager provide oversight and support for facility managers. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes a range of activities. This included auditing, collection and analysis of quality improvement data, including clinical indicators, actively seeking areas for continual improvement, and identifying issues that lead to improvements. 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 meet the changing needs of residents.

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

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Otumarama Rest Home and Hospital works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family/whānau to facilitate the admission.

Residents' needs are assessed on admission, within the required timeframes, by members of the multidisciplinary team. Key workers, shift handovers and communication sheets guide continuity of care.

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

The planned activity programme is provided five days a week by an activity's coordinator with additional support from another activity's coordinator on a Tuesday and alternate Saturdays. 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. A physiotherapist works five hours a week on a Tuesday, providing an exercise programme, in addition to one-on-one assessments and rehabilitation programmes.

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 or care staff, all of whom have been assessed as competent to do so.

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

All standards applicable to this service fully attained with some standards exceeded.

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 procedures 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.

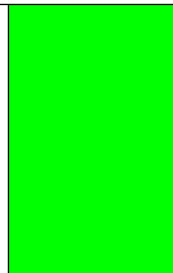


Standards applicable to this service fully attained.

Otumarama Home and Hospital has implemented the Oceania policies and procedures that support the minimisation of restraint. There has been no documented restraint for some time at Otumarama. One resident had the use of an enabler 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 is led by an experienced and appropriately trained infection control coordinator. The programme aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from either the regional clinical manager, Oceania Healthcare infection control group or the infection control nurse at 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 internally and externally. Results are reported through all levels of Oceania Healthcare, and with the external members of the benchmarking group. 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	1	44	0	0	0	0	0
Criteria	1	92	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Otumarama Rest Home and Hospital (Otumarama) 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 Grow, Educate and Motivate (GEM) training, as was verified in training records.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using Oceania Healthcare's standard consent form including for photographs, outings, invasive procedures, and collection of health information. 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. Staff were observed to gain consent for day-to-day care on an ongoing basis.

<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. Posters and 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. This was also evident for residents receiving care under the YPD contract. Otumarama promotes opportunities for residents to access community resources, and promotes access to family and friends.</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 Otumarama has a 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. 'Good call' brochures were sighted to encourage reporting concerns or complaints about care.</p> <p>The complaints register reviewed showed that 14 complaints have been received over the past year. Documentation on each showed the actions taken, through to an agreed resolution, being completed within the required timeframes. A documented action plan is part of the process, and these show any required follow up and improvements have been made where possible.</p> <p>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.</p> <p>Two complaints have been lodged through the Health and Disability Commissioner's (HDC) office and the requested information provided within agreed timeframes. The service is now waiting for the HDC's response.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents and family members of residents when interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in common areas together with information on advocacy services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Residents and family members of residents confirmed that they receive services from Otumarama in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices. Residents under the Young persons with a disability contract (YPD) were evidenced to be receiving services that maintained their personal gender, sexual, cultural, religious and spiritual identity.</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) and Nurse Practitioner (NP). All residents, except for one married couple, have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities and regular outings to the local shops or areas of interest. Several of the more abled residents go out for walks locally. Each resident's care plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Care plan records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>There was one resident, and four staff members at Otumarama at the time of audit who identified as Māori. Interviews verify staff can support residents who identify as Māori to integrate their cultural values and beliefs. The resident has a current Māori health plan developed that identifies how the principles of Te Tiriti O Waitangi and the importance of whānau are incorporated into day-to-day practice of caring for the resident. Any additional support that may be required to support this resident's Māori values and beliefs can be accessed through Ti Piki Orangi, the local Māori Health provider.</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>	FA	<p>Residents and their family members verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences required interventions and 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.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A GP and nurse practitioner (NP) also expressed satisfaction with the standard of services provided to residents of Otumarama.</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 GEM training 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>	FA	<p>Otumarama 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 nurses, speech language therapist and mental health services for older persons.</p> <p>There is evidence of ongoing commitment to in-service training with the GEM study days repeated monthly to enable an opportunity for all staff to attend. Staff are supported to complete all levels of the Certificate in Health and Wellness, with the clinical manager (CM) in the process of becoming an onsite assessor. All clinical and activities staff have current first aid certificates. RN's have access to Oceania Healthcare's 'Step up' course that enables RNs in the organisation to up skill and progress along a clinical pathway. RNs are supported to do the preceptor training, that enables Otumarama to support the competency assessment programme for overseas nurses. The organisation also provides an online learning hub, that offers a training session online for the RNs every fortnight.</p> <p>Evidence of good practice was also sighted in the initiative implemented to address a problem where the menu, or its alternatives, was not addressing the dietary needs of one individual. The resident often missed meals, this at times a result of not being able to see what was on the plate due to poor eyesight. There is now a specific menu plan in place that meets the resident's needs, and the menu is written in</p>

		<p>large print for the resident to read.</p> <p>The GP and NP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>The organisation has implemented an electronic resident management system for clinical notes. Portals to log care are in alcoves around the facility. Staff are encouraged to write their notes after providing care to each resident. This has enabled an additional 30-minute free time for care staff at the end of a duty, when previously they would be completing progress notes. This time is now used for staff to attend to additional resident requests.</p> <p>An initiative that focusses on the 'resident of the day' enables two days a month for each service, cleaning, laundry, key workers, maintenance, nutrition, and nursing to focus additional efforts on ensuring all aspects of the resident's care are up to date and attended to (refer criterion 1.4.4.1).</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. Residents receiving care under the YPD contract, were also enabled access to unlimited internet and a number of community resources to aid communication difficulties.</p> <p>Interpreter services can be accessed via interpreter line or the Nelson Marlborough District Health Board (NMDHB) when required. There are several staff from differing nationalities employed at Otumarama, and staff assist with interpreter services if needed. Staff reported interpreter services were rarely required as residents are generally able to speak English. A computer and free Wi-Fi access is available for all residents to access in the small lounge.</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 regional managers (clinical and business) meet with the business and care manager (BCM) and clinical manager monthly. They provide a regional report to the clinical governance committee and issues raised are reported 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</p>

		<p>including financial performance, emerging risks and issues.</p> <p>The service is managed by a BCM who has an MBA and qualifications in accounting from Britain. They have worked for Oceania for three and a half years and have been in their current position for one and a half years. Responsibilities and accountabilities are 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 Oceania updates and support from senior managers.</p> <p>The service holds contracts with the Nelson Marlborough DHB and has facilities for a maximum of 38 residents, all beds are dual service beds, including seven occupational right agreement (ORA) care suites. On the day of the audit there was an occupancy of 32 residents. This was made up of 17 residents requiring rest home level of care and 15 residents requiring hospital level of care. Five residents were under a young people with physical disabilities (YPD) contract, some of whom were 65 or almost 65. The provider stated the residents will stay on the YPD contract despite being over 65 years of age. One gentleman who shared a room with his wife had a tenancy arrangement and this was paid for by WINZ. There is only one room which has a premium rate with a resident who has been with the facility for some time. The regional manager stated no further premium rate are being applied to rooms.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the BCM is absent, the clinical manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by another senior RN who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Managers reported being supported by other local Oceania BCMs and clinical managers for leave and that the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</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 for wounds, urinary tract infections, falls and pressure injuries.</p> <p>Á review of a selection of meeting minutes, from quality, health and safety, registered nurse and restraint reviewed confirmed regular review and analysis of quality data including clinical indicators, incidents and complaints being reported and discussed. Staff reported their involvement in quality and</p>

<p>principles.</p>		<p>risk management activities through audit activities. Corrective action processes are embedded within all ongoing audit activities, incidents and complaints and showed issues being addressed until resolution. Residents' satisfaction surveys are completed six monthly. The last two surveys showed a high level of satisfaction. Family surveys are completed from the support office, three monthly. The last survey reviewed showed a positive response. 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. Examples 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. 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 ensures 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. This was 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 and development of mitigation strategies. Review of the (hazard) 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>	<p>FA</p>	<p>Staff document adverse and near miss events via the electronic system (ECare) and staff accident/incidents via a form and these are then transferred to the electronic system. Eighty incidents were recorded in 2021. A sample of incidents reviewed showed these were fully completed, 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 quality meeting. The electronic system shows that regional managers and senior managers can access these. There is a list of events which must be escalated to senior managers promptly.</p> <p>The regional manager and BCM described essential notification reporting requirements, including for pressure injuries. They advised there had been two notifications of significant events made to the Ministry of Health, since the previous audit. Review of these showed good management.</p>
<p>Standard 1.2.7: Human Resource</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>relevant legislation. The recruitment process includes curriculum vitae (CV), interviewing, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of 14 staff records reviewed (RNs, BCM, health care assistants, the maintenance person, cleaner, activities coordinator, administration and kitchen manager) confirmed the organisation's policies are being consistently implemented and records are maintained.</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 three-months and then annually.</p> <p>All health professionals involved in resident care had current annual practising certificates.</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. The clinical manager has just completed their training as an internal assessor for the programme. There are three registered nurses and the clinical manager who are maintaining their annual competency requirements to undertake interRAI assessments. A further two RNs are enrolled to train for interRAI. A sample of staff training records reviewed demonstrated completion of the required training, for example the kitchen manager has NZQA training for food practice and food related businesses. All staff had a current annual appraisal.</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. There is a two week rotation roster and staff have agreed on permanent shifts as part of the roster. Four weeks of rosters reviewed showed staffing for the base rosters were covered for 24 hours a day, seven days a week (24/7). As well as care staff, rosters covered kitchen, cleaning, administration and activities.</p> <p>The BCM and clinical manager discussed how the facility adjusts staffing levels to meet the changing needs of residents, and to cover sick and annual leave. This includes having a HCA doing 'runner' hours when staff feel they require assistance. These are offered as extra hours to part time staff and use of a small pool of casual staff. Afterhours the clinical nurse manager is 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 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</p>

		<p>RN coverage in the hospital.</p> <p>Residents in the care suites were integrated into the facility and staff are required to meet the residents 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>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP/NP and allied health service provider notes. Records were electronic and legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely off site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic resident records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are admitted to Otumarama when they have been assessed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the levels of care provided by Otumarama. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the CM. They are also provided with written information about the service and the admission process. The file reviewed of a resident receiving care under the YPD contract, had a NASC authorisation on file.</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 Otumarama a person from the organisations' 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>	FA	<p>Exit, discharge, or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the Oceania Healthcare's electronic transfer documentation and the NMDHB 'yellow envelope' system. This captures the required information to facilitate transfer of</p>

<p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>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 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 five residents at Otumarama who self-administer inhaler, cream, eye drops or spray medications, at the time of audit. Appropriate processes were in place to ensure this is managed safely. The facility has processes in place to facilitate the younger residents to self-medicate as they request.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Medication audits are undertaken weekly by the CM to ensure compliance with policy is maintained. Results verify compliance.</p> <p>Standing orders are not used at Otumarama.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service at Otumarama is provided on site by a cook. The winter menu was revised in March 2021, based on feedback from residents and regional cluster meetings, the Dieticians New Zealand food services and the results of a nutrition audit 2020. The menu complies with the Ministry of Health nutritional guidelines for older people, and the International Dysphagia Diet standardisation initiative.</p> <p>An updated food control plan is in place at Otumarama, issued by the Ministry of Primary Industries (MPI) and has an expiry date of June 2022. A verification audit of the food control plan took place on 16 June 2021. One area requiring corrective action around the monitoring of chilled foods was identified. This has been addressed and closed off 6 July 2021. The next verification audit is required in eighteen months, December 2022.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet residents' nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and review of resident meeting minutes. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p> <p>The service has implemented an initiative around national sustainability by introducing a Bokashi composting system for kitchen food scraps. All kitchen food scraps are put outside into a secure composting bin. The composting process is managed by the kitchen staff and the gardener. After the scraps have decomposed, they are dug into the garden. The effectiveness of the programme has not yet been evaluated.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate</p>	<p>FA</p>	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative.</p> <p>If the needs of a resident change and they are no longer suitable for the services offered, a referral for</p>

<p>risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>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>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>On the day of admission to Otumarama 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 residents changing conditions require. On admission, residents are also assessed by the physiotherapist to identify and deficits that would benefit from physiotherapy input.</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 trained interRAI assessors (including the CM) on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>All eight care plans reviewed reflected the support needs of the residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities note, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to</p>	<p>FA</p>	<p>Documentation, observations, and interviews verified the provision of care provided to residents of Otumarama 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 and 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</p>

meet their assessed needs and desired outcomes.		documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.
<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 Otumarama is provided by an activity's coordinator five days a week, with the assistance of another activity's coordinator on a Tuesday and every second Saturday. A physiotherapist assists residents with an exercise and rehabilitation programme for five hours on a Tuesday.</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 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. The Oceania Healthcare 'I love music programme' is operating at Otumarama. This programme enables residents with a love of music to have their favourite music loaded onto an MP3 player, for the resident to listen to through earphones when they wish.</p> <p>The planned monthly activities programme operating at Otumarama matches 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 included exercises, visiting entertainers, quiz sessions, bingo, whiteboard quizzes, line dancers, painting, crafts, ukulele workshop and daily news updates. Opportunities for the younger people to participate in a range of community activities are available should they choose to partake.</p> <p>The activities programme is discussed at the monthly residents' meetings. The meeting is run by the activity's coordinator and 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. Residents interviewed confirmed they find the programme meets their needs. Several community groups visit Otumarama eg, local high school students, the local intermediate school choir, and the local college students come in and help residents with their computers and mobile phones).</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	FA	<p>Resident care is evaluated on each shift and reported in the care plan and 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</p>

manner.		is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans are implemented for short term problems (eg, infections, pain, and weight loss). Progress is consistently reviewed and evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
<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>	FA	Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the skin clinic, neurology outpatients and speech language therapy. Referrals are followed up on a regular basis by the CM/RN/NP 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>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>	FA	<p>Staff follow documented processes for the segregation and management of waste, infectious and hazardous substances. Signage is displayed where necessary, for hazardous chemicals, such as liquid petroleum gas (LPG). Recycling is occurring for a range of items including food waste being composted. Chemicals were sighted being stored safely and safety data sheets were available online 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 occur.</p> <p>There is provision and availability of personal protective equipment (face shields, masks, gloves, include heavy nitrate gloves and plastic aprons), staff were observed using gloves appropriately.</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>	FA	<p>A current building warrant of fitness (11 April 2022 expiry) and was publicly displayed.</p> <p>Proactive and reactive maintenance is 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 a contracted provider. All equipment was sighted as current and this was confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment.</p>

		<p>The environment was hazard free and resident safety was promoted including the use of sensor mats to alert staff to residents' movements, wide corridors for moving residents in wheelchairs and large chairs. This included residents in the care suites.</p> <p>There are a range of external areas, including garden area maintained by residents. The BCM spoke of having an umbrella and hats available for shade in summer. These areas were sighted as being safely maintained and were appropriate to the resident groups and setting.</p> <p>All 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 seven care suites with ensuite toilet and showers and six 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. One resident had their own mobility scooter.</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>	CI	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms were single, although the BCM spoke of the ability to use some rooms as shared were required for a couple. There was one couple sharing a room and both were happy with this arrangement. Rooms are personalised with furnishings, photos and other personal items displayed. Residents in the care suites were seen to have larger rooms and being personalised.</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</p>	FA	<p>There is a range of communal areas available for residents to sit and/or engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>

dining needs.		
<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>	FA	<p>Oceania has a central laundry for its Tasman facilities where the majority of Otumarama 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 and for hoist slings. 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 undertake the New Zealand Qualifications Authority Certificate in Cleaning (Level 2), as confirmed in interview of cleaning staff and training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</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>	FA	<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 Building WOF. The current fire evacuation plan was approved by the New Zealand Fire Service in 1994, 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 planning and education being undertaken in two days, one in February and the other in March, this was done to capture the majority of staff. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, bottles of water, blankets, emergency lighted via battery powered lighting and staff have torches. These are tested regularly</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 seven ORA residents are cared for centrally within the rest home and are managed for emergency and security with the rest of the residents, and this 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>	<p>FA</p>	<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 electric heaters and heat pumps.in residents' rooms in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Otumarama 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 is 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 clinical regional manager and to the organisation's general nurse manager. Infection control matters including surveillance results are also reported and tabled at the monthly infection control committee/quality/health and safety meeting. Any areas of concern are discussed and addressed and then reported to the RN and staff meetings. Infection control statistics are entered into Oceania Healthcare's electronic database and benchmarked internally within the organisation's other facilities, and externally with other large national aged care providers.</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>There are questionnaires at the front entrance to be filled out by all visitors, seeking information regarding any possible exposure to Covid-19. Any "yes" responses are requested not to visit. An Oceania Healthcare Covid-19 management document will guide staff in the required actions needed during a change in alert level. There is sufficient personal protective equipment (PPE) available to manage isolation. A staff Covid-19 testing register is in place, as well as vaccinations for residents and staff in line with the DHB programme. The CM informs all staff by text message of any urgent actions required at Otumarama. During level 4, family members were kept in touch with Otumarama processes and their family members through emails and texts by the CM weekly.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICC has appropriate skills, knowledge, and qualifications for the role. The ICC has undertaken on-line training in infection prevention as verified by interviews and in training records sighted. Well-established local networks with the infection control team at the NDHB 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 ICN confirmed the availability of resources to support the programme and any outbreak of an infection, in addition to adequate supplies of PPE onsite, should it be required.</p> <p>The Covid-19 and influenza immunisation programme at Otumarama has just been completed, with all consenting staff and residents now having received both vaccinations.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last 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 yearly GEM education sessions. Education on IPC is provided by the ICC, or someone qualified in IPC. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided.</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 verifies staff are well informed.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about</p>

		<p>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 programme.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance of infections undertaken by Otumarama 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 quality, 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 and externally.</p> <p>There have been no Norovirus outbreaks at Otumarama since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>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 management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. Restraint is used as a last resort when all alternatives have been explored.</p> <p>On the day of audit, no residents were using restraints and one resident had an enabler in use. This was the least restrictive and used voluntarily at their request. A similar process is followed for the use of enablers as is used for restraints.</p>

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 1.4.4.1</p> <p>Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.</p>	CI	<p>A suggestion from the suggestion box used by staff recommended that the residents’ drawers and wardrobes should be regularly tidied. Following discussion with residents at their meeting this was agreed. Each resident has a ‘Resident of the Day’ rostered which is noted on the resident’s door and on a noticeboard. A checklist guides staff and the room is checked for maintenance issues and these are resolved.</p>	<p>Having fully attained the criterion, the service can in addition clearly demonstrate a review process including analysis and reporting of findings, evidence of action taken based on those findings, and improvements to service provision. The analysis of the “Resident of the Day” included a review of the processes put in place. Staff were asked if the process continued to meet the objective of the day and this was seen still being pertinent. Spot checks on resident’s rooms are being done to see if the areas of the checklist are being completed. Staff and resident’s feedback on the process was gained and this was positive. The resident survey for 2020 showed a 50 percent satisfaction with the environment and 2021 showed an increase to 92 percent. This has become an integral part of care is rostered as two days set aside for ‘Resident of the Day’ to occur.</p>

End of the report.