

# Oceania Care Company Limited - Woburn Rest Home

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## Introduction

This report records the results of a Surveillance 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:** Woburn Rest Home

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 16 December 2021 End date: 16 December 2021

**Proposed changes to current services (if any):** The provider intends building a 30-bed hospital wing in 2022 that will extend from the existing facility for residents assessed at hospital level.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 33

# 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
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

Woburn Rest Home provides residential services at rest home and dementia level for up to 33 residents. The facility is operated by Oceania Healthcare Limited and is managed by a business and care manager.

Residents and families reported high satisfaction with the care provided.

This surveillance audit was undertaken to establish compliance with aspects of 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, families, the manager, staff and a general practitioner.

A continuous improvement rating has been awarded relating to the admission of a potential resident and their guide dog that has made a significant difference to the lives of residents living at Woburn.

There were no areas requiring improvement from this audit.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Effective communication to residents and their family members/friends occurs and interpreter service can be accessed as required.

A complaints register is maintained with complaints resolved promptly and effectively. There have been four complaints received since the previous audit. The Health and Disability Commissioner is currently investigating a complaint.

## 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 Limited is the governing body responsible for the services provided at Woburn Rest Home. A mission, vision and values statements reflect a person/family-centred approach to residents. Information packs, provided to residents and their families on admission and displayed within the facility, include this information. Staff are also provided with this information at orientation and as part of ongoing training.

Quality and risk management systems are well embedded and support the provision of clinical care and quality improvement. Policies were current and reflected good practice. Reports to the Oceania support office provide monthly monitoring of service delivery.

The service is managed by a business and care manager who has been in the position for four years. The business and care manager is a registered nurse and is supported by the regional clinical quality manager, the regional operations manager and support office.

Various meetings are held on a regular basis. Actual and potential risks, including health and safety risks, are identified and mitigated.

Policies and procedures on human resources management are implemented. Staff have the required qualifications. An in-service education programme is provided, and staff performance is monitored.

A documented rationale for determining staffing levels and skill mix is in place. The manager is rostered on call after hours.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Residents of Woburn Rest Home have their needs assessed by the multidisciplinary team on admission and within the required timeframes. Shift handovers and a handover booklet guide continuity of care.

Residents' 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 might arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and family members of residents when interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

A diversional therapist oversees the planned activity programme. 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. Registered nurses administer medications, 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 and family members of 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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A building warrant of fitness is displayed at the front entrance. There have been no structural alterations since the previous audit.

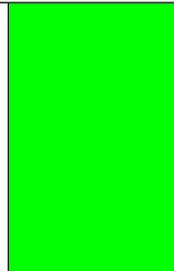
## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Woburn Rest Home has policies and procedures in place that meet the requirements of the restraint minimisation and safe practice standard. There were no residents using a restraint or enablers at the time of audit. Restraint processes in place meet the standards should they be required.

## 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.

Surveillance of infections is undertaken at Woburn Rest Home. Results are analysed, trended, and benchmarked. Results reported through all levels of the organisation. Follow-up action is taken as and when required.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	15	0	0	0	0	0
<b>Criteria</b>	1	38	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)
<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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). The information is provided to residents and families on admission and complaints information and forms are available at the main entrance.</p> <p>Four complaints have been received since the previous audit and have been entered into the complaints register. Complaint documentation was reviewed and actions taken were documented and completed within the timeframes specified in the Code. Action plans reviewed showed any required follow up and improvements have been made where possible. Significant complaints are escalated to the clinical governance group for review, delegation of any investigation and provision of support and advice.</p> <p>The business and care manager (BCM) is responsible for complaint management and follow-up. Staff interviewed confirmed a sound understanding of the complaints process and what actions are required.</p> <p>The Health and Disability Commissioner (HDC) has received a complaint since the previous audit. The complaint relates to a change in a resident's assessment level and as a result the resident was transferred to another local facility. The BCM reported the complaint also involves the facility the resident was transferred to. Documentation was provided to the HDC, and the BCM reported the investigation is ongoing.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, they are advised in timely manner about any incidents or accidents and the outcomes of regular or urgent medical reviews. This was clearly documented in the residents' records that were reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principals of open disclosure, which is supported by education, policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access an interpreter service and there are also members of staff who are bilingual.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Oceania Healthcare Limited vision, values, mission statement and philosophy are displayed. The organisation has systems in place recording the scope, direction and goals of the organisation. The Woburn operational and business brief includes an executive summary, appearance status, regional overview and strengths and weaknesses.</p> <p>Monthly reports are provided to the support office. Reports included quality and risk management issues, occupancy numbers, human resource issues, complaints, abuse, quality improvements, policies, education, issues, internal audit outcomes and clinical indicators.</p> <p>The facility is managed by an experienced BCM / RN who has been in the position for four years. Prior to this role the BCM was a charge nurse in another of the Oceania group facilities. The BCM is also responsible for the clinical service at Woburn. The BCM is supported by four RNs and senior staff from the support office.</p> <p>Woburn has a contract with the DHB for aged related residential care services. All residents were under this contract (22 rest home &amp; 11 dementia level). Respite and non-aged contracts are also held.</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</p>	<p>FA</p>	<p>The Oceania documented quality improvement policy defines quality, quality assurance and quality improvement. The facility's quality improvement is defined in the quality plan, the policies and procedures and Oceania's model of care and quality and risk framework which guides the quality programme.</p> <p>Service delivery is monitored through robust reporting systems utilising a number of clinical indicators including infections, complaints, falls, medication errors, weight loss, wounds, food safety and implementation of the internal audit programme. The electronic clinical records collection and reporting system automatically generates quality data from the clinical records. The internal audit programme is implemented as scheduled and documentation reviewed evidenced quality improvement data is managed well. Data is being collected and collated with analysis that identifies any trends. Corrective action plans from quality activities are developed, implemented, reviewed and closed out. Month by month graphs are generated as well as benchmarking with other like facilities within the</p>

<p>improvement principles.</p>		<p>group.</p> <p>All aspects of quality improvement, risk management and clinical indicators are discussed at the various meetings held. Copies of meeting minutes are available for staff to review and sign to confirm that they have read these. Staff confirmed they are kept well informed of quality improvements and any subsequent changes to procedures and practice through meetings. Residents and families are notified of changes and events at the residents' meetings. Residents and families interviewed confirmed this.</p> <p>Satisfaction surveys for residents and families are completed as part of the annual internal audit programme. Surveys reviewed evidenced high satisfaction/satisfaction with the services provided.</p> <p>Policies are current and align with the Health and Disability Services Standards and reflected accepted good practice guidelines. Policies are reviewed nationally with comments sought from staff, reviewed by the clinical governance group and signed off. The BCM reported new or revised policies are discussed at the staff meetings and as part of relevant in-service education. Minutes of meetings confirmed this. Staff are advised new/updated policies are available electronically with a hard copy provided. Staff confirmed they are made aware of new and updated policies.</p> <p>The organisation has a risk management programme in place. A health and safety plan and objectives plus policies and procedures are documented along with a hazard management programme. Health and safety is monitored as part of the annual internal audit programme. Staff confirmed an awareness of health and safety processes and their responsibilities to report hazards, accidents and incidents promptly. Accidents, incidents and corrective actions are discussed at staff, health and safety and quality meetings.</p> <p>The health and safety representative was unavailable for interview, however the BCM who has completed the health and safety training demonstrated good knowledge of the role. Hazard identification forms are completed when a hazard is identified. Hazards are addressed and risks minimised. There is a national risk register plus a site-specific hazard/risk register that is reviewed regularly and updated at least annually or when a new hazard is identified. Review of the registers and meeting minutes confirmed this.</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</p>	<p>FA</p>	<p>An incident/accident and sentinel event policy is in place. A facility register records all events. Adverse, unplanned or untoward events are documented electronically by the staff member and reviewed by the RN on shift and/or the BCM. The BCM is responsible for investigating low risk adverse events and reported moderate risk to sentinel events, including absconding and sudden death, are received by the regional clinical manager and escalated to the group services/clinical director. All incident/accidents are investigated with corrective actions developed and implemented and evidenced close out. Documentation reviewed and interviews of staff indicated adverse events are managed well.</p> <p>Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner following any</p>

<p>affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>adverse event or change in their relative's condition.</p> <p>Policies and procedures comply with essential notification reporting. Staff stated they are made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct. Review of staff files and other documentation confirmed this. The BCM reported there have not been any essential notifications to external agencies since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>A staffing policy is in place that meets the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions, with accountabilities, responsibilities and reporting lines clearly identified.</p> <p>Staff files are managed well and demonstrated that recruitment processes for all staff include an application, CV, reference checks, police vetting, a current work visa where relevant, identification verification, a position specific job description, drug screening and a signed employment agreement.</p> <p>A system is in place to ensure that annual practising certificates are current. Current certificates were evidenced for all staff and contractors who required them.</p> <p>An orientation/induction programme is available that is position specific and covers the essential components of the services provided. Health care assistants (HCAs) are buddied with a senior HCA with input from the RNs for three to five shifts. New staff also spent time with the maintenance person. New staff have six weeks to complete the induction including a number of competency assessments.</p> <p>The ongoing education programme is developed by the Oceania support office education and research team who develop the role specific mandatory annual education and training module/schedule, which includes topics relevant to all services and levels of care provided. Training is currently provided through study days repeated throughout the year. Online learning is also undertaken on a variety of subjects. Toolbox talks, shift handovers and memos are also opportunities for training. There are electronic systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. The BCM is responsible for alerting staff as to what training they need to complete and when training is overdue. Staff have current first aid certificates.</p> <p>Two of the four RNs plus the BCM have completed interRAI assessment training and competencies. Care staff complete annual competencies or demonstrate awareness on specific tasks, for example medication management, restraint, moving and handling, and health and safety awareness. Education session attendance records evidenced that ongoing education is provided relevant to the services delivered. Interviews and training records reviewed confirmed that all staff, including RNs undertake at least eight hours of relevant education and training hours per year. Health care assistants are encouraged to complete Careerforce training. Currently seven have attained level 2, six have attained level 3 and two are currently completing the programme. Eight HCAs have attained level 4 and three are currently completing the programme. Health care assistants working in the dementia</p>

		<p>unit have completed or are completing the dementia specific units. An external assessor is used.</p> <p>An annual performance appraisal schedule is in place. All staff files evidenced staff have completed a current performance appraisal. Staff reported the orientation programme and ongoing training meets their needs and that their performance appraisals are current.</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>	FA	<p>The organisation's staffing policy provides guidelines to ensure staffing levels are sufficient to meet the needs of residents' acuity and the minimum requirements of the DHB contract. Staffing levels are determined by acuity and occupancy to ensure there is appropriate skill mix of staff available. Staffing is adjusted as residents' acuity changes. When required, additional staff are rostered on duty.</p> <p>There are sufficient RNs and HCAs available to safely maintain the rosters for the provision of care. Rosters sighted reflected adequate staffing levels to meet current resident acuity and bed occupancy. Review of the rosters and interview of the BCM and care staff confirmed this.</p> <p>The BCM works fulltime Monday to Friday and is on call after hours. On the morning shift there is one RN and four HCAs. On the afternoon shift there is an RN and four HCAs. On the night shift there are two HCAs and another staff member who undertakes laundry duties.</p> <p>Of the four RNs, one is a new graduate who started in June 2021 and is rostered on when the BCM is on. One started in November 2021 with experience as an RN and clinical manager from another aged care facility. One started in October 2020 and has two years' experience in aged care. One started in September 2021, has aged care experience and a background in mental health. The HCA workforce is stable with some having worked at Woburn for many years. The BCM reported Woburn does not have a pool of casual staff to call on.</p> <p>Observation of service delivery confirmed that residents' needs were being met in a timely manner. Residents and families stated they felt there were sufficient staff on each shift to meet the needs of residents. Staff confirmed that they have sufficient time to complete their scheduled tasks and residents' cares.</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</p>	FA	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff 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 a RN against the prescription. All medications sighted were within current use by dates. Clinical</p>

<p>practice guidelines.</p>		<p>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 is consistently recorded on the electronic medicine chart.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and BCM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Woburn.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in October 2021. Recommendations made at that time have been implemented. Two meal options are offered at lunch and tea. Tea also includes a soup option being available every evening. Every month there is a smorgasbord breakfast put on, where residents have a range of breakfast options available to them. Residents in the secure unit have access to food at any time night and day.</p> <p>An up-to-date food control plan is in place and had a verification audit on 10 June 2021. Two areas were identified as requiring attention and these have been signed off as completed. The food control plan is verified for 18 months.</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 resident's nutritional needs,</p>

		<p>is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and residents' family member interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	CI	<p>Documentation, observations, and interviews verified the care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>A quality initiative relating to planning for and the admission of a resident with their guide dog was undertaken by the business and care manager and staff at Woburn. The positive impact the guide dog has had and is for the other residents is significant. (Link to 1.3.3-rest home tracer)</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by two activity assistants, one who is in the process of training to be a diversional therapist. The programme provided at Woburn is provided seven days a week and is overseen by a diversional therapist from another Oceania facility nearby.</p> <p>A social assessment and history of all residents are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Residents in the secure unit have a twenty-four-hour care plan in place that addresses twenty-four-hour needs and previous lifestyle patterns. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included walking groups, gardening, music appreciation, crafts, visiting entertainers (when Covid-19 restrictions permit), van outings, baking, bowls, 'happy hour', quiz sessions and daily news updates. The activities programme is discussed at the bimonthly residents' meetings and minutes indicated residents' input is sought and responded to. Resident and family members satisfaction surveys, plus interviews confirmed everyone finds the programme meets their needs.</p>

<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. The RN documents evaluations. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans were implemented and consistently reviewed. For example, when behaviours were a concern, when a resident had an infection, for pain, weight loss or a change in status from the normal. Progress was evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whanau of residents when interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A building warrant of fitness is displayed at the front entrance that expires on the 23 March 2022. There have been no structural alterations undertaken since the previous audit.</p>
<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance of infections at Woburn 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 scabies. 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 BCM is the infection control nurse (ICN) and reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the Oceania group's other aged care providers.</p> <p>Covid-19 restrictions have imposed several visitor restrictions at Woburn. All visitors are screened, and vaccination passes checked. A Covid-19 pandemic plan is available, that details actions to take during each alert or 'traffic</p>

		<p>light' level.</p> <p>A good supply of personal protective equipment is available. Woburn has processes in place to manage the risks imposed by Covid-19.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures are in place to guide staff in the management of restraints if required. There were no residents using a restraint or an enabler at the time of audit and the BCM advised there have not been restraints and enablers used for at least four years since the BCM was employed. The restraint co-ordinator who is the BCM demonstrated a sound knowledge relating to restraint use, potential risks of restraint, the approval process, and monitoring and review of the restraint process.</p> <p>Restraint is an agenda item in the staff meetings. A review of the minutes confirmed this. A register is available if required.</p>

## Specific results for criterion where corrective actions are required

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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
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## 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 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed</p>	CI	<p>A quality project was implemented following a person living in their own home who had been assessed at rest home level. The person wanted to move into care but did not want to give up their guide dog. The person wanted to maintain as much independence as possible but needed their dog to enable this to continue and was aware that this may not be an option. This person was on Woburn's waiting list and when a vacancy came up, the person visited the facility and although they wanted to move in, they felt they couldn't without their guide dog of nine years.</p> <p>Discussions were held with staff and the regional operations manager (ROM) on if or how the person and their guide dog could be admitted. The ROM and staff agreed that the person should not have to give up their guide dog when moving into care and wanted to make it work. The BMC held a meeting</p>	<p>A quality project was planned and implemented following the desire of a person who had been assessed as requiring rest home level care wanting to live in Woburn, but felt they could not do so without their guide dog. The BCM developed a plan with the support of the residents, staff and the ROM to make this happen. The Guide Dog Association was involved with developing an external area and installing a dog door for the guide dog. The impact on the lives of all the residents has been significant. Residents enjoy having the dog living in Woburn and have developed a wonderful relationship. This is especially so with new residents and residents with dementia. The auditors observed many incidents during the audit where it was obvious the residents have a special relationship with the guide dog, and she has and is making their lives so much</p>

<p>needs, and desired outcomes.</p>	<p>with the residents to discuss the possibility and all residents stated they were keen on having both the potential resident and their guide dog. Discussions were held with the Guide Dog Association on what would be needed to make this happen. This included access to a specific area for toileting, with the ability to come and go as she required, gates to stop the dog wandering but easy for human access. A residents' meeting was held where the Guide Dog Association provided strategies of living with the dog including when, and when not, to socialise with her as at times she would be working.</p> <p>An external area was provided which was fenced and steps installed for easy access for the dog and her needs. A large dog door was installed into the nearest external door from the bedroom to the external area. Residents know when they can socialise with the guide dog, meaning anytime she does not have the working cradle on. The BCM stated this works really well and there have not been any incidents with residents or staff forgetting and that the guide dog has taught them really well.</p> <p>The resident reported they and their guide dog love living at Woburn and said, "Woburn is my home, we are so lucky to live here, and my dog has made so many new friends, who all love her as I do".</p> <p>The guide dog has had a significant impact on the lives of all the residents. Residents stated they enjoy having the dog living there. Residents who tended to spend time alone in their rooms struggling with the move from home into Woburn are visited by the dog and the BCM reported the dog has brought them 'out of their shell' far quicker than they would normally take. Residents interviewed and observations by the auditors evidenced that having a guide dog living at Woburn has a significant positive impact for residents who were observed interacting with the dog. This was especially so for residents residing in the dementia unit.</p> <p>The BCM, staff and residents stated they feel very privileged to be the only rest home in NZ to have a guide dog living in Woburn. The Guide Dog Association have completed an</p>	<p>happier.</p>
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		article on the resident and their guide dog in the hope that other facilities will be encouraged to do the same.	
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End of the report.