

Oceania Care Company Limited - Melrose Rest Home and Retirement Village

Introduction

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

The audit has been conducted by Central Region's Technical Advisory Services 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:	Melrose Rest Home and Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 April 2018 End date: 11 April 2018
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:	65

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Melrose Rest Home and Retirement Village (Oceania Healthcare Limited) can provide care for up to 88 residents. This certification audit was conducted against the Health and Disability Service Standards and the service contract with the district health board. The service provides rest home and hospital level care. Occupancy on the day of the audit was 68.

The audit process included the review of policies and procedures, the review of residents and staff files, and observations and interviews with residents, family, management and staff.

The business and care manager is responsible for the overall management of the facility and is supported by the regional and executive management team. Service delivery is monitored. There were no improvements required.

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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Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaints process and the Nationwide Health and Disability Advocacy Service, is accessible in information packs and displayed within the service. Residents and family members confirmed their rights are met, staff are respectful of their needs and communication is appropriate.

Residents, families and enduring power of attorney are provided with information required prior to giving informed consent. The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights is discussed and explained to residents and their families.

A complaints register is maintained. Complaints are managed as per the timeframes in the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights.

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 and is responsible for the service provided at Melrose Rest Home and Retirement Village. The business and care manager is qualified and experienced in management systems and processes. The business and care manager and the clinical manager are supported by the clinical and quality manager (regional), the operations manager (regional) and the senior clinical and quality manager (national) regarding oversight of the service and clinical care.

Oceania Healthcare Limited has a documented quality and risk management system that supports the provision of clinical care at the service. Policies are reviewed at support office and are current. Quality and risk performance is reported through meetings at the facility and monitored by the organisation's management team through the business status reports. Benchmarking reports are produced that include incidents/accidents; infections; complaints and clinical indicators. Resident information is identifiable, accurately recorded, current, confidential, accessible when required and securely stored.

There are human resource policies implemented around recruitment, selection, orientation, staff training and development. Staff, residents and family confirmed that staffing levels are adequate and residents and relatives have access to staff when needed. Staff are allocated to support residents as per their individual needs.

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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Residents' initial assessments, initial care plans, short-term care plans for acute conditions and person centred care plans for long-term service delivery are completed within the required timeframes. Care plan evaluations are documented, resident-focused and indicate progress towards meeting the residents' desired outcomes.

Where the progress of a resident is different from expected, a short-term care plan is completed for acute problems. The residents and the family members have opportunity to contribute to assessments, care plans and evaluation of resident care.

The planned activities are appropriate to the group setting. Younger residents have additional activities to address their social needs. Individual activities are provided either within group settings or on a one-on-one basis. Interviews with residents and families confirmed satisfaction with the activities programme.

The medicines management system is electronic and appropriate for the service. Staff responsible for medicine management attend medication management in-service education and have current medication competencies. There were three residents self-administering medicines according to policy.

The facility had a food service audit completed to ensure food services meet the new legislative requirements. The menu has been reviewed by a registered dietitian and meets nutritional guidelines for older people. Residents' special dietary requirements and needs are met, including having their choices taken into consideration.

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.

All building and plant comply with legislation, with a current building warrant of fitness in place. The environment is appropriate to the needs of the residents. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents are provided with accessible and safe external areas. Residents' rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids. Essential emergency and security systems are in place and fire drills completed every six months. Call bells are available to all residents and are monitored monthly.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

The service uses Oceania Healthcare Limited policies and procedures for restraint minimisation and safe practice. There are systems in place to ensure assessment of residents is undertaken and consent obtained prior to restraint or enabler use. The restraint coordinator confirmed that enabler use is voluntary.

There were six residents using restraint and thirteen residents using enablers on audit days.

The residents' files reviewed demonstrated that the service focuses on de-escalation processes, and restraint and enabler use is documented in residents' care plans.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control policies and procedures include guidelines on prevention and minimisation of infection. New employees are provided with training in infection control practices and there is ongoing infection control education available for all staff.

The infection control surveillance data confirmed that the surveillance programme is appropriate for the size and complexity of the service. The surveillance of infections is occurring according to the infection control programme. The surveillance data is collated, analysed, benchmarked within the organisation and reported to their support office.

There has been no outbreaks since the previous audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	50	0	0	0	0	0
Criteria	0	101	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	Residents confirmed that they receive services that meet their needs and they receive information relevant to their needs. Staff receive education on the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights during their induction to the service and through the annual mandatory education programme. All staff have had training in the Code during the previous 12 months and interviews with staff confirmed their understanding of the Code. Examples were provided on ways the Code is implemented in their everyday practice including: maintaining residents' privacy; giving residents choices; encouraging independence and ensuring residents can continue to practise their own personal values and beliefs. The auditors noted respectful attitudes towards residents on the days of the audit.
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	FA	There is an informed consent policy and procedure to guide staff in relation to gathering of informed consent. Staff ensure that all residents are aware of treatment and interventions planned for them, and the resident and/or significant others are included in the planning of that care. Residents' files identified that informed consent is obtained. Staff confirmed their understanding of informed consent processes.

give informed consent.		Service information pack includes information regarding informed consent. The BCM and CM discuss informed consent processes with residents and their families during the admission process. The policy and procedure includes guidelines for consent for resuscitation/advance directives and resuscitation orders are completed for residents when applicable.
<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>Information for residents relating to advocacy services is available at the entrance to the facility and in information packs provided to residents and family on admission to the service. Staff interviews confirmed that written information on the role of advocacy services is also provided to complainants at the time when their complaint is acknowledged. Staff training regarding advocacy services was last provided in 2017.</p> <p>Family and residents confirmed that the service provides opportunities for the family/EPOA to be involved in decisions and stated they have been informed about advocacy services.</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>The service has an open visiting policy and residents may have visitors of their choice at any time. The facility is secured in the evenings. Visitors can access the facility to visit after doors are locked using the bell at the hospital entrance. Families confirmed they could visit at any time and are always made to feel welcome.</p> <p>Residents are encouraged to be involved in community activities and to maintain family and friend networks. Residents' files reviewed demonstrated that progress notes and the content of care plans include regular outings and appointments.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance of the facility. A complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; and the date the complaint is resolved.</p> <p>Evidence relating to each lodged complaint is held in the complaints folder and register. Complaints reviewed indicated complaints are investigated promptly and issues are resolved in a timely manner. Staff, residents and family confirmed they knew the complaints process.</p> <p>The BCM is responsible for managing complaints. Residents and family stated that complaints are dealt with as soon as they are identified. Residents and family members were able to describe their rights and advocacy services particularly in relation to the complaints process.</p>

		There have been no complaints lodged with the Health and Disability Commissioner or other external authorities since the previous audit.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	<p>The business and care manager (BCM) and the clinical manager (CM) discuss the Code with residents and their family during the admission process. Discussion relating to the Code is also included on the agenda and discussed at the residents' meetings.</p> <p>Resident and family interviews confirmed their rights are being upheld by the service. Information on the Code is given to next of kin or enduring power of attorney (EPOA) to read and discuss with the resident in private. The posters identifying residents' rights and advocacy services are displayed in the facility in te reo Māori and English.</p>
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	<p>The service has a philosophy that promotes dignity, respect and quality of life. The service ensures that each resident has the right to privacy and dignity. Conversations of a private nature are held in the resident's room and there are areas in the facility which can be used for private meetings.</p> <p>A policy is available for staff to assist them in managing resident practices and/or expressions of sexuality and intimacy in an appropriate and discreet manner with strategies documented to manage any inappropriate behaviour if there are any issues for a resident.</p> <p>Healthcare assistants report that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. This was observed on the days of the audit. Residents and families confirmed that residents' privacy is respected.</p> <p>The service is committed to the prevention and detection of abuse and neglect by ensuring provision of quality care. Staff receive annual training on abuse and neglect and can describe signs. There are no documented incidents of abuse or neglect in the business status reports or on the incident/accident forms reviewed in residents' files. Residents, staff and family confirmed that there was no evidence of abuse or neglect. Staff interviewed were aware of the need to ensure residents are not exploited, neglected or abused and staff can describe the process for escalating any issues.</p> <p>Resident files reviewed confirmed that cultural and/or spiritual values and individual preferences are identified.</p>
Standard 1.1.4: Recognition Of Māori	FA	The organisation has a cultural responsiveness policy which outlines the processes for working with

<p>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>people from other cultures. A Māori health plan outlines how to work with Māori and the relevance of the Treaty of Waitangi. The rights of the residents/family to practise their own beliefs are acknowledged in the Māori health plan.</p> <p>Staff who identify as Māori are able to provide support for Māori residents and their families, if required.</p> <p>A review of residents' files confirmed that specific cultural needs are identified in the residents' care plans. The BCM stated that a kaumātua can be accessed by the service to support staff on tikanga protocols and general advice. Staff are aware of the importance of whānau in the delivery of care for the Māori residents.</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>Staff and resident interviews confirmed there are choices for residents regarding their care and services. Residents and family are involved in the assessment and the care planning processes. Information gathered during assessment includes the resident's cultural values and beliefs. The initial care plan, the person centred care plan and interRAI assessment are based on assessment information.</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>The facility implements the Oceania Healthcare Limited (Oceania) policies and procedures which are based on good practice, current legislation and guidelines. Interviews confirmed awareness of how to identify and manage discrimination, abuse and neglect, harassment and exploitation. Staff training includes discussion of the staff code of conduct and prevention of inappropriate care. There were no complaints recorded in the complaints register for the previous 12 months relating to any form of discrimination.</p> <p>Job descriptions include the responsibilities of position including ethical issues relevant to the role. Staff complete orientation and induction include recognition of discrimination, abuse and neglect. Staff confirmed their understanding of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service implements Oceania policies to guide practice. The policies align with the Health and Disability Services Standards.</p> <p>The organisation's quality framework includes their internal audit programme. Benchmarking occurs across all the Oceania facilities. There is a training programme for all staff and managers are</p>

		<p>encouraged to complete management training.</p> <p>Residents and families expressed a high level of satisfaction with the care delivered.</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>Accident/incidents, the complaints procedure and the open disclosure procedure alert staff to their responsibility to notify family/EPOA of any accident/incident that occurs.</p> <p>Procedures guide staff on the process to ensure full and frank open disclosure is available. Family are informed if the resident has an incident/accident, has a change in health or a change in needs, as evidenced in completed accident/incident forms. Family contact is recorded in residents' files. Family confirmed that they are invited to the care planning meetings for their family member and can attend the residents' meetings. Families confirmed they are well informed.</p> <p>Residents sign an admission agreement on entry to the service. This provides clear information around what is paid for by the service and by the resident. The admission agreements reviewed were signed on the day of admission. Staff are familiar with how translating and interpreting services can be accessed. Residents in the service did not require interpreting services on audit days.</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>Melrose Rest Home and Retirement Village is part of the Oceania Healthcare Limited (Oceania) with the executive management team providing support to the service. Communication between the service and managers occurs monthly with the clinical and quality manager providing support during the audit. The monthly business status report provides the executive management with progress against identified indicators.</p> <p>The organisation's mission statement and philosophy are displayed at the entrance to the facility. Information in booklets is given to new residents and staff training is provided annually.</p> <p>The service has a business and care manager (BCM) supported by a clinical manager (CM). The BCM has worked for Oceania for ten years as a BCM and transferred to Melrose Rest Home and Retirement Village eleven months ago. The clinical care service is overseen by the CM, who is a registered nurse (RN) and has been in this position for approximately three years. The CM has past experience in clinical management at another aged care facility. The management team is well supported in their roles and have completed appropriate induction and orientation to their roles.</p> <p>The facility can provide care for up to 88 residents with 65 beds occupied at the time of audit. Occupancy included 33 residents requiring rest home level care and 32 residents requiring hospital level care. Of the 32 residents requiring hospital level care, 2 residents are identified as being under the young people with disability, under a Accident Compensation Corporation contract.</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>During a temporary absence of the BCM, the CM is responsible for the day to day operation of the service and is supported by a senior RN, the regional clinical and quality manager and the regional operations manager. In the absence of the CM, the BCM with the support and help of the regional clinical and quality manager, ensures continuity of clinical services.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Melrose Rest Home and Retirement Village uses the Oceania's quality and risk management framework that is documented to guide practice.</p> <p>Oceania organisational policies and procedures are available to staff and guide service delivery. The policies and procedures are relevant to the scope and complexity of the service and reflect current accepted good practice and reference legislative requirements. The Oceania management group reviews all policies with input from relevant personnel. New and revised policies are presented to staff to read and sign to evidence that they have read and understood the policy. Staff confirmed that they are advised of updated policies.</p> <p>The service delivery is monitored through number of clinical indicators such as: complaints; incidents and accidents; surveillance of infections; pressure injuries; falls; medication errors and implementation of an internal audit programme. Completed audits for 2017 and 2018, clinical indicators and quality improvement data is recorded on various registers and forms. Quality improvement data provides evidence that data is being collected, collated and analysed to identify trends. Where required, corrective action plans are developed, implemented and evaluated.</p> <p>There is communication with all staff, residents and family through the facility's meetings. Staff meetings evidenced all aspects of quality improvement, risk management and clinical indicators are discussed. Staff reported that they are kept informed of quality improvements. Copies of meeting minutes are available for review for the staff that were unable to attend the meeting.</p> <p>The satisfaction survey for family and residents in 2017 evidences satisfaction with services provided and this was confirmed by residents and family interviewed.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There is evidence of hazard identification forms completed when a hazard is identified. Hazards are addressed or risks minimised or isolated. Health and safety is audited monthly.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The BCM is aware of situations in which the service is required to report and notify statutory authorities, including unexpected deaths, police involvement, sentinel events, infectious disease outbreaks and changes in key management roles.</p> <p>Accident/incident reports selected for review had a corresponding note in the progress notes to inform staff that the accident/incident occurred. There is evidence of open disclosure for recorded events. Staff interviews and review of documentation evidenced that staff document adverse, unplanned or untoward events on an accident/incident form which are signed off by the BCM.</p> <p>Information is regularly shared at monthly meetings with accidents/incidents graphed, trends analysed and benchmarking of data occurring with other Oceania facilities.</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>	FA	<p>Policies and procedures in relation to human resource management are available and implemented. The skills and knowledge required for each position is documented in job descriptions. These were reviewed on staff files along with employment agreements, reference checks, and police vetting and completed orientations. Current copies of annual practising certificates were reviewed for all staff and contractors that require them to practice.</p> <p>The organisation has a mandatory education and training programme with an annual training schedule documented. Staff are also supported to complete education via external education providers. Staff have completed training around pressure injuries in 2017 and 2018. Individual staff attendance records and attendance records for each education session were reviewed and evidenced that ongoing education is provided. Nine RNs have completed interRAI assessments training and competencies.</p> <p>An appraisal schedule is in place and current staff appraisals were in the staff files reviewed.</p> <p>An orientation/induction programme is available and new staff are required to demonstrate competency on a number of tasks, including personal cares. The staff orientation covers the essential components of the service provided. Healthcare assistants confirmed their role in supporting and buddying new staff.</p> <p>Annual competencies are completed by care staff, for example: hoist; oxygen use; hand washing; wound management; medication management; moving and handling; and restraint. Education and training hours are at least eight hours a year for each staff member. The RNs' training records reviewed evidenced eight hours or more of relevant training. Registered nurses are supported to attend external training to ensure they are continuing to build upon existing knowledge and skills.</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 staffing policy is the foundation for workforce planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy.</p> <p>There are 68 staff, including the management team, clinical staff, activates coordinator, and household staff. There is a RN on each shift. The BCM and CM are on call after hours. Residents and families confirmed staffing is adequate 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 service retains relevant and appropriate information to identify residents and track residents' records. This includes information is collected on admission with the involvement of the family.</p> <p>There are policies and procedures in place for privacy and confidentiality of residents' records. Staff described the procedures for maintaining confidentiality of residents' records. Resident care and support information can be accessed in a timely manner. Documents containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being locked away in an office. Archived records are securely stored and easily retrievable.</p> <p>All components of the residents' records reviewed include the resident's unique identifier. The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals. Medication charts are kept separate from residents' files and are accessible by authorised personnel only.</p> <p>Residents' progress notes are completed on every shift, detailing resident response to service provision and progress towards identified goals. Entries made by the service providers in the progress notes identify the name and designation of the person making the entry.</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>Processes for residents to enter into the service are recorded and implemented. Needs assessments are completed for rest home and hospital levels of care.</p> <p>Interviews with residents and family and review of records confirmed the admission process was completed by staff in a timely manner.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or resident transfers are managed in a planned and coordinated manner. There is open communication between services, the resident and the family. At the time of transition appropriate information is supplied to the new service or individual responsible for the ongoing management of the resident's care</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>	FA	<p>The medication areas evidence an appropriate and secure medicine administration system. The medicines storage area is free from heat, moisture and light, with medicines stored in original dispensed packs. Registered nurses complete weekly checks of medicines registers. There is evidence of six monthly physical stocktakes by the pharmacy. The medication fridge temperatures are completed and recorded.</p> <p>All staff authorised to administer medicines have current competencies and education in medicine management is provided. Residents' medicine charts record all medications. Electronic medicine charts evidenced current residents' photo identification, legibility, as required (PRN) medication is identified for individual residents and correctly prescribed, three monthly medicine reviews are conducted and discontinued medicines are dated and signed by the GP.</p> <p>Three residents administer their own medicines and have competency checks completed at each medical review. The service does not use standing orders.</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>	FA	<p>Dietary assessments are undertaken for each resident on admission and a dietary profile developed. The meals are prepared on-site. The kitchen manager is a chef and is responsible for the food service with the support of other kitchen staff. Personal food preferences of the residents, special diets and modified nutritional requirements are known to the chef. Special equipment, to meet residents' nutritional needs, was sighted. Residents' files demonstrated monthly monitoring of individual resident's weight. Residents stated they were satisfied with the food service. Residents who are identified with weight loss have completed short-term care plans and relevant interventions to monitor the weight loss. Meals are prepared on-site and the chef is responsible for food services and is supported by kitchen staff.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family interviews, satisfaction surveys and confirmed in the residents' meeting minutes. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal, complies with current legislation and guidelines.</p> <p>The service had an external food control plan audit completed in 2017.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service has a process in place to inform residents and family of the reasons why services had been declined, should this occur. When residents are declined access to the service, residents and their family, the referring agency and/or the general practitioner (GP) and or the nurse practitioner (NP) are informed of the decline to entry. The residents would be declined entry if not within the scope of the service or if a bed was not available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Residents' needs, outcomes and goals are identified through the assessment processes, including interRAI assessments. Assessments are recorded, reflecting data from a range of sources, including: the resident; family; GP/NP; and specialists as applicable. Policies and protocols are in place to ensure continuity of service delivery.</p> <p>Resources and equipment available meet the needs of residents. The assessments are conducted in a safe and appropriate environment, usually in the resident's room. Interviews with residents and family confirmed their involvement in the assessments, care planning, review, treatment and evaluation of residents' care.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Residents' care plans reviewed were individualised, integrated and up to date. InterRAI assessments are completed by RNs and inform the person centred care plans. The short-term care plans are developed for the management of acute problems, when required, and signed off by the RN when problems are resolved. Interviews with residents confirmed they have input into their care planning and review.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The residents' care plans evidence interventions based on assessed needs, desired outcomes or goals of the residents. The GP/NP documentation and records reviewed were current. Interviews with residents and families confirmed their and their relatives' care and treatments meet their needs. Staff interviews confirmed they are familiar with the needs of the residents they are allocated to. Family communication is recorded in the residents' files. Nursing progress notes and observation charts are maintained.</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 coordinator plans, implements and evaluates the activities programme. There is one activities programme for the rest home and hospital residents. Younger people with disabilities have specific activities added to their activities programmes to facilitate more social interaction with others. Interview with the activities coordinator confirmed the activities programme meets the needs of the service groups.</p> <p>Regular exercises and outings are provided for those residents able to participate. The activity programme includes input from external agencies and supports participation in ordinary unplanned/spontaneous activities, including festive occasions and celebrations. There are current, individualised activities care plans in residents' files. The residents' activities attendance records are maintained. The residents' meeting minutes evidenced residents' involvement into planning the activities programme. One-on-one activities for residents are identified and time allocations clearly documented.</p>
<p>Standard 1.3.8: Evaluation</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. Changes in residents are noted and reported to the RN. Care plan evaluations and reassessments occur every six months or when the resident's condition changes. Short-term care plans are initiated for short-term concerns, such as: infections; wound care; changes in mobility and other acute conditions. Short-term care plans are reviewed daily, weekly or fortnightly, as indicated by the degree of risk noted during the assessment process. All wounds were reviewed and wound care plans evidence timely reviews.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>The service has processes in place to provide opportunities for residents to choose when accessing or when being referred to other health and/or disability services. The family communication sheets, located in the residents' files, confirmed family involvement. The service has a multidisciplinary team approach. Progress notes and communication records confirm residents and their families are advised of their options to access other health and disability services. Referrals are documented in the residents' progress notes.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service</p>	FA	<p>Documented policies and procedures guide staff for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. Policies and procedures specify labelling requirements in line with legislation, including the requirements for labels to be</p>

providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		<p>clear, accessible to read and free from damage.</p> <p>The hazard register is current. Material safety data sheets are available throughout the facility and accessible for staff. Staff receive training and education in safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment that is appropriate to the recognised risks is provided. During a tour of the facility, protective clothing and equipment was observed in all high-risk areas.</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 is displayed. There have been no building modifications since the last audit.</p> <p>There is a planned and reactive maintenance schedule implemented. The service has an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually. Interviews with staff and observation of the facility confirmed there is adequate equipment.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provide privacy when required. There are internal courtyards and lawns, areas with shade and outdoor table and chairs.</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 toilets/bathing facilities. All toilet facilities have a system that indicates if it is engaged or vacant. Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas and other equipment/accessories are made available to promote resident independence.</p> <p>Auditors observed residents being supported to access communal toilets and showers, in ways that are respectful and dignified.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. Equipment was sighted in rooms requiring this with sufficient space for the equipment, staff and the resident.</p> <p>Rooms are individualised with furnishings, photos and other personal decorations belonging to the resident, the service encourages residents to make the suite their own. There are designated areas to store mobility aids, hoists and wheelchairs. The hospital rooms and assisted care rooms are large</p>

		enough to accommodate specific aids.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The service has lounge/dining areas including areas that can be used for activities. All areas are easily accessed by residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.</p> <p>The dining areas have space for residents and staff to move around easily. Residents can choose to have their meals in their room.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry is completed on site and is delivered daily. There are processes in place for collection, transportation and delivery of linen and residents' personal clothing. The effectiveness of the cleaning and laundry services is audited as part of the internal audit programme. There are cleaners on site during the day, seven days a week. The cleaners have a trolley to put chemicals in and the cleaners are aware that the trolley must be with them at all times. The cleaner described the cleaning processes. There are safe and secure storage areas and staff have appropriate and adequate access to these areas, as required. Chemicals are labelled and stored safely within these areas. Products are used with training around use of products provided throughout the year. The cleaner confirmed that they had training at least annually. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility.</p> <p>Residents and families stated they were satisfied with the cleaning service.</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>Documented systems are in place for essential, emergency and security services. A disaster management plan is in place with clear information for staff to follow in the event of an emergency. The emergency equipment is accessible, stored correctly, not expired and stocked to a level appropriate to the service setting. Information in relation to emergency and security situations is available and displayed for staff and residents.</p> <p>A New Zealand Fire Service letter approving the fire evacuation scheme (May 2010) was sighted. Trial evacuations are held six monthly. Emergency and security management education is provided at orientation and at the in-service education programme.</p> <p>There is an electronic call bell system in place that is used by the residents, family and staff members to summon assistance when required. Call bells are available in all resident areas. Call bells are monitored by the maintenance staff monthly. Residents confirmed they have a call bell</p>

		<p>system in place, it is accessible and that staff respond in a timely manner. The external doors are locked in the evenings. Staff complete a check in the evening that confirms that security measures have been put in place.</p> <p>Policy and procedures documenting service provider/contractor identification requirements along with policy/procedures for visitor identification are available and implemented.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, heating and an environment that is maintained at a safe and comfortable temperature. Families and residents confirmed that rooms are maintained at an appropriate temperature. There are designated smoking areas for the staff and residents that are away from the building.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection prevention and control policies and procedures manual provides information and resources to inform staff on infection prevention and control. Strategies are in place to prevent exposure of infections to others. The responsibility for infection control is clearly defined in the infection prevention and control policy, including the responsibilities of the Oceania infection control committee; infection control nurse and the infection control team. There is a signed infection control nurse job description outlining responsibilities of the position. The service has a documented infection prevention and control programme which is reviewed annually.</p> <p>The infection control nurse is supported in their role by the BCM, the regional clinical and quality manager and the infection control team. The infection control nurse is a RN and also holds the position of the CM.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate staff, physical, and information resources to implement the infection control programme. The programme is suitable for the type and size of the service.</p> <p>The infection control team and the infection control committee is represented throughout the service with staff having a range of skills, expertise, and resources to implement the infection control programme. The infection control nurse has access to specialists at the district health board.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control policies and procedures are relevant to the service and reflect current accepted good practice and relevant legislative requirements. Policies are accessible to all staff. The infection control policies and procedures are developed and reviewed regularly in consultation and with input from relevant staff and external specialists. Infection control policies and procedures identify links to other documentation in the facility.</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>	FA	<p>Infection control education is provided to all staff and forms part of the staff orientation and the ongoing education programme. Interviews with staff advised that clinical staff identify situations where infection control education is required for a resident, including hand hygiene and cough etiquette.</p> <p>The infection control nurse has additional training in relation to their role. The infection control staff education is provided by the infection control nurse, RNs and external specialists. Education sessions have evidence of staff attendance/participation and content of the presentations. Staff are required to complete infection control competencies. These were sighted in staff files and confirmed at staff interviews.</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 infection control nurse is responsible for the surveillance programme. Monthly surveillance analysis is completed and reported at staff facility's meetings. The type of surveillance undertaken is appropriate to the size and complexity of this service. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Infection logs are maintained. Residents' files evidenced the residents' who were diagnosed with an infection had short-term care plans in place.</p> <p>Interviews with staff reported they are made aware of any infections through: verbal handovers; short-term care plans; progress notes; and communication with RNs and the CM. The facility's surveillance data is benchmarked against other Oceania facilities and this information is shared with staff and management. There have been no outbreaks since the previous audit.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint and enabler definitions in the Oceania company-wide policy are congruent with the definitions in the standard. Assessment of residents, care planning, monitoring and evaluation of restraint and enabler use is recorded and implemented. There were six residents at the facility using restraints and thirteen using enablers on audit days. The restraint and enabler use is documented in the residents' care plans.</p> <p>Enabler use is activated when a resident voluntarily requests an enabler to maintain their independence or safety. Interviews confirmed staff understand the difference between enabler and restraint use. Enabler use and prevention and/or de-escalation education and training is provided.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Legislation and requirements for restraint, including definitions and safe and appropriate guidelines for management of the use of restraint, is documented. The processes implemented reflected safe use of restraint. Restraint approval is completed with the RN, the GP/NP and the restraint coordinator. Restraint assessment authorisation and plans are completed by the RNs. The requirements for the use of the restraint are explained to the resident and family/whānau.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>The service records culturally safe practices; identification of desired outcomes; and possible alternatives to restraint. Restraint risks and monitoring timeframes are identified in the restraint assessment records.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint coordinator utilises alternative means to minimise risk, for example, the use of sensor mats prior to implementation of restraint. Restraint consents are signed by the GP or NP, family and the restraint coordinator. The NP confirmed that the facility uses restraint safely.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of</p>	FA	<p>The restraint coordinator evaluates all episodes of restraint. Reviews include the effectiveness of the restraint in use, restraint-related injuries and whether the restraint is still required. Family members confirm they are involved in the evaluation of the restraints' effectiveness and reviews. Evaluation is</p>

restraint.		<p>undertaken to measure the effectiveness of restraint use and completed three monthly. The resident/family/whānau are involved in the restraint evaluation process. Staff confirmed their understanding and use of the restraint. The person centred care plans identify restraint goals, interventions and outcomes in relation to restraint.</p> <p>Restraint documentation was sighted in the residents' files and progress notes reflect restraint related matters. Restraint minimisation and safe practices are reviewed by the restraint committee at three monthly intervals.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Three monthly monitoring and annual quality reviews are completed for the use of restraint/enablers. Restraint committee meetings are held monthly. Senior staff and registered nurses attend. The restraint coordinator reports to management and to support office on a monthly basis. Quality review findings and any recommendations are used to improve service provision and resident safety. The restraint minimisation policies are current and are available to guide staff.</p> <p>Education is provided to all staff in the form of workshops or study days and covers alternatives to restraint use as well as the management processes for restraint minimisation and safe practice.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.