

Oceania Care Company Limited - St Johns Wood

Introduction

This report records the results of a Partial Provisional 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: St Johns Wood

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

Dates of audit: Start date: 18 September 2018 End date: 18 September 2018

Proposed changes to current services (if any): The increase in beds from 60 to 70. St Johns Wood currently has 52 dual purpose beds and 8 rest home only beds. The proposed change includes the conversion of the 8 rest home level beds to dual purpose and the addition of 10 new beds, including 9 dual purpose and 1 rest home level only.

Total beds occupied across all premises included in the audit on the first day of the audit: 41



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.

General overview of the audit

St John's Wood Rest Home and Village is currently able to provide rest home and hospital level of care for up to 60 residents, with 52 dual purpose beds and 8 rest home only beds. There were 41 residents at the facility on the day of the audit.

This partial provisional audit was undertaken to establish the level of preparedness for the following changes in their services: the conversion of the 8 rest home level beds to dual purpose beds and the addition of 10 new beds, including 9 dual purpose and 1 rest home level bed. The service proposes to increase capacity to a total of 70 residents.

This audit was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board.

There were no areas requiring improvement at the last audit and none identified as requiring improvement at this audit.

Consumer rights

[Click here to enter text](#)

Organisational management

Oceania Healthcare Limited is the governing body responsible for the services provided at St John's Wood Rest Home and Village. A business plan documents the scope, direction, goals, values and mission statement of the facility.

The facility is managed by an appropriately qualified and experienced business and care manager and supported by a clinical manager who is responsible for the oversight of clinical service provision. The clinical manager is a registered nurse and is supported by the regional clinical quality manager.

Oceania Healthcare Limited's human resource policies and procedures are implemented and newly recruited staff undertake orientation appropriate to their role. Practising certificates for staff who require them are validated annually and an annual training plan is implemented to ensure ongoing training and education for all staff members.

Service delivery staff, and resident/family interviews reported that there is adequate staff available. Proposed rosters reflect the staffing requirements for the additional 10 beds.

Continuum of service delivery

An activities programme is provided for residents and participation is voluntary. The programme is developed and implemented to ensure the interests of all residents are included.

A computerised medication management system is used at the facility. Review of the medication systems and medication round evidenced compliance with legislative requirements, regulations and safe practice guidelines.

A food control plan and policies guide food service delivery that meet legislative criteria. The chef is qualified and experienced. Kitchen staff had completed food safety training. Nutritional guidelines and advice is available, which is appropriate for this service setting, with individual resident nutritional needs met. Residents interviewed confirmed their satisfaction with the food service.

The proposed converted apartments have access to adequate facilities and resources in the kitchen.

Safe and appropriate environment

There is a current building warrant of fitness. A planned, preventative and reactive maintenance programme is in place that complies with legislative requirements. There have been no alterations to the building since the last audit and the proposed 10 new beds will be in repurposed and refurbished existing apartments.

Resident rooms have ensuite bathrooms. These and the proposed 10 new rooms are spacious enough to allow for resident cares and ease of movement. Residents and their families/visitors are provided with accessible and safe external areas with shade. Call bells allow residents to access help, when required and these are responded to promptly. The facility has a monitored call bell system for residents to summon help when needed, in a timely manner. Security systems are in place to ensure resident safety with six monthly trial evacuations undertaken.

Policies and processes are in place for waste management, cleaning, laundry. Essential emergency and security systems are in place.

Restraint minimisation and safe practice

Oceania Healthcare Limited has a restraint minimisation and safe practice policy that includes restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There were no residents requiring restraints or enablers at the time of audit. Staff are trained in restraint minimisation and restraint competencies are current.

Infection prevention and control

The service has policies and procedures in place to minimise the risk of infection for residents, staff and visitors. The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Standardised definitions and terms of reference are used. The infection control nurse has a detailed job description and is responsible for reporting the relevant infection control data to management monthly. The infection prevention and control programme is reviewed annually. Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and procedures and supported by regular education provided.

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	17	0	0	0	0	0
Criteria	0	37	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: 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>Oceania Healthcare Limited (Oceania) has a documented vision, mission and values statement. These are displayed on the wall in the main hallway and also communicated to residents, staff and family through posters, information in booklets and in staff training. In addition to the overarching Oceania business plan, the facility has a business plan specific to St Johns Wood Rest Home and Village (St Johns Wood).</p> <p>St Johns Wood is part of the Oceania group with the executive management team providing support to the facility. Communication between the facility and executive management occurs monthly with the clinical and quality manager providing support during the audit. The monthly management reports provide the executive management with progress against identified indicators.</p> <p>The facility is managed by a business and care manager (BCM) supported by a clinical manager (CM). The BCM has over 20 years' experience in aged care, including managing hospitals and villages. The BCM is a registered nurse (RN) with a current practising certificate who has been in this position for 10 months. The clinical care at the facility is overseen by the CM, who is a RN and was employed by the facility for seven years prior to this appointment, eleven months ago, as the CM. The management team is supported in their roles by the Oceania</p>

		<p>executive and regional teams and have completed induction and orientation appropriate to their respective roles.</p> <p>The facility is certified to provide rest home, and hospital level care and currently provides care for up to 60 residents with 41 beds occupied at the time of the audit. Occupancy included 32 residents requiring rest home level care and 9 requiring hospital level care.</p> <p>The facility has contracts with the district health board (DHB) for the provision of palliative care, respite care, and young person with disability (YPD) services. Included in the occupancy numbers there were two residents under the YPD agreement for residents under 65, one assessed as hospital level care and one as rest home level care. There was also one resident with a respite contract at rest home level care. There were no residents under the palliative contract.</p> <p>Occupancy numbers also included seven residents with occupational right agreements (ORA). Five of these residents are assessed as requiring rest home level care and their suites are sited in the main rest home/hospital complex and two assessed at rest home level care are in the apartment wing in rooms currently certified for rest home level care.</p> <p>The facility has thirty six apartments over two floors in the L-shaped wing of the facility. There are six residents living independently on the ground floor and twelve on the upper floor. Eight apartments on the ground floor are currently certified for rest home care and the proposed changes include these being converted into dual purpose beds. The proposed changes also include converting ten ground floor apartments in the adjacent wing to ten new certified beds that will include nine dual purpose and one rest home level only bed. All certified beds will be located on the ground floor only.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During a temporary absence of the BCM, the CM is responsible for the day to day operation of the service and is supported by experienced RNs, the regional clinical and quality manager, and the regional operations manager.</p> <p>In the absence of the CM, a team of senior experienced RNs, with the support of the regional clinical and quality manager ensure continuity of clinical services.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resource management policies and procedures are implemented and meet the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions. Staff files reviewed demonstrated that recruitment processes for all staff include: reference checks; a signed employment agreement; position specific job description; police vetting; and identification verification.</p> <p>Professional qualifications are validated and there are systems in place to ensure that annual practising certificates and practitioners' certificates are current. Current certificates were evidenced for all staff that require them.</p> <p>An orientation/induction programme is available that covers the essential components of the services provided. It requires new staff to demonstrate competency on, and/or understanding of a number of specific functions and tasks, including health and safety and personal cares. Staff interviews and documentation confirmed support to complete orientation.</p> <p>The organisation has a documented role specific mandatory annual education and training module. There are systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. Education session attendance records evidenced that ongoing education is provided.</p> <p>The CM and five other RNs have completed interRAI assessments training and competencies. The remaining three RNs are to complete training once training becomes available. Annual competencies are completed by care staff, for example: moving and handling; hoist use; restraint; hand washing; assistance with showering; and infection control. Interviews and training records reviewed confirmed that all staff, including RNs undertake at least eight hours of relevant education and training hours per annum.</p> <p>An appraisal schedule is in place and staff files reviewed evidenced a current performance appraisal for all staff employed for one year or more.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The facility has eight RNs including the CM and is supported by a team of HCAs, an activities coordinator, and household staff. Household staff include: laundry assistants; cleaners; and kitchen staff; who provide services seven days a week.</p> <p>The organisation's staffing policy provides guidance to ensure safe staffing levels within the facility are sufficient to meet the needs of residents' acuity. Rosters are</p>

		<p>formulated at least two weeks in advance and staffing levels are reviewed to accommodate anticipated workloads, identified numbers, and appropriate skill mix, or as required due to changes in the services provided and the number of residents. There are available RNs and HCAs to supplement rosters when needed to accommodate increases in workloads and acuity of residents such as additional hospital level residents. Rosters sighted reflected adequate staffing levels to meet resident acuity and bed occupancy. There is at least one RN on each shift. The CM or an experienced RN is available on call after hours for advice on clinical matters.</p> <p>Observation of service delivery confirmed that residents' needs were being met in a timely manner. Residents and family interviews stated that staffing is adequate to meet the residents' needs. Staff interviews confirmed that they have sufficient time to complete their scheduled tasks and resident cares and are confident that proposed staffing will be appropriate to cover the additional beds and configuration.</p> <p>Care of residents with an ORA in the rest home/hospital complex is provided by health care assistants (HCA) and RNs rostered on duty. The facility also has allocated staff to care for the residents with ORA agreements who reside in the apartment wing. There is an enrolled nurse and village coordinator available from 7 am until 1.30 pm Monday to Friday. A HCA is available for 3.5 hours in the morning and 5.5 in the evenings to provide assistance to those village residents who require support with activities of daily living. Registered nurses and the CM are also available to assess village residents and provide advice if needed.</p> <p>Additional resource will be allocated to cover the proposed new beds from current staff who have expressed willingness to increase from part-time hours. A proposed roster was sighted, that will be subject to clinical demand and occupancy, demonstrates that in addition to current staff there will be five additional hours Monday to Friday of an activities assistant; and daily there will be three and a half hours of cleaning; morning and evening, an additional RN and one HCA; and at night one additional HCA. Registered nurse coverage on the night shift will come from a RN who currently is rostered on one night shift a week.</p> <p>There is a dedicated nurses' station centrally located in the ground level apartments, currently used by staff to provide care to apartment residents. This station will also be used by the staff who will be caring for the residents in the new rooms.</p>
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<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and processes that describe medication management that align with current legislative requirements and safe practice guidelines. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Medications are checked against the resident's medication profile on arrival from the pharmacy by a RN. The drug register is maintained and evidenced weekly checks. The pharmacy completes six monthly stocktakes and the pharmacist is available for any queries.</p> <p>Review of the medication areas (including the medication room in the apartment wing) evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored (currently in the main medication room) in original dispensed packs. The fridge where medications are kept has a weekly temperature check, which on observation were within the recommended range.</p> <p>A computerised medication management system is used at the facility and meets the current legislative requirements and safe practice guidelines. Administration records are maintained, as are specimen signatures. The required three monthly general practitioner (GP) review is consistently recorded on the medication records reviewed.</p> <p>All RNs, enrolled nurses and senior HCAs who administer medicines attend relevant education sessions and current medication competencies were recorded. A safe system for medicine management was observed on the day of the audit. Staff observed demonstrated knowledge and understanding of their roles and responsibilities related to each stage of medicine management.</p> <p>Residents who request to self-administer medicines are provided with secure storage for their medicines. Younger persons are supported to self-administer medicines where appropriate. An initial assessment to verify the resident's safety and competency to administer medicines is completed by the GP. Three monthly competency assessments are recorded for the six residents who are self-administering their medication.</p> <p>Medication errors are reported to the CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for analysis of any medication errors and compliance with this process was verified. There were no standing orders at the time of audit.</p>
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<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 qualified and experienced chef and food assistants daily. A cook covers the chef's days off and any planned leave or study leave. The food service is in line with recognised nutritional guidelines for older people. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration is displayed. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan.</p> <p>All kitchen staff have completed relevant food safety training.</p> <p>There is a four weekly seasonal menu approved by a dietitian at organisational level. 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 the kitchen staff and accommodated in the daily meal planning process. Special equipment to meet residents' nutritional needs is available.</p> <p>The lunchtime meal was observed. Resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys, and resident meeting minutes. There is sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance to residents as needed.</p> <p>The chef interviewed stated that resources are updated where necessary and all requirements for the additional residents in the apartment wing are in place. There is adequate equipment including but not limited to bain-marie, place settings, equipment, and utensils for the additional residents.</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>	<p>FA</p>	<p>Interviews with the activities coordinator (AC) and review of residents' files confirmed an individual activities plan is developed for each resident. The service has diversional therapist input into activity plans.</p> <p>On the day of audit, residents were observed being actively involved with a variety of activities. Interview with the AC confirmed residents have an activities assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. The AC also stated that they participate in six monthly multidisciplinary meetings.</p> <p>Younger person specific activities include, but are not limited to: involvement with</p>

		<p>local community such as attending community activities of interest; shopping trips; and accompanying and assisting staff with projects.</p> <p>The activities/recreation calendar is displayed monthly in all areas of the facility. Activities provided are meaningful and reflect ordinary patterns of life. Church services are provided for all denominations. Two chaplains provide weekly visits. There is a 'children's/family room' where residents can enjoy time with family/whānau. There is a library with support from a local librarian. Different cultures are celebrated. There are also visits from community groups. Some residents attend activities of interest in the community and the facility provides a weekly van outing. Residents who prefer to stay in their room can have one-on-one visits including, for example: reading; hand massage; and music. There is an annual 'gala' where goods made by residents are displayed and sold.</p> <p>The activities are discussed at the residents' meetings and indicate residents' input is sought and responded to. Residents and families interviewed, confirmed they find the programme interesting and motivating.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented policies and procedures for the management of waste and hazardous substances are in place. Policies and procedures specify safety requirements that comply with legislation, including the requirements for clear labelling and disposal and collecting of waste. The hazard register is available and current.</p> <p>Current material safety data posters are available and accessible to staff in relevant places in the facility. Staff receive training and education in safe and appropriate handling of waste and hazardous substances.</p> <p>Interviews and observations confirmed that there is sufficient personal protective clothing and equipment provided, such as aprons, gloves and masks that is appropriate to the recognised risks. Protective clothing and equipment was observed to be used correctly 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 in the entrance to the facility. Buildings, plant, and equipment comply with legislation. Interviews and observation confirmed there is equipment available to support residents including: wheel chairs; shower chairs; hoists; and sensor alarm mats. This includes sufficient equipment and facilities for the proposed new care suites which are repurposed</p>

		<p>and refurbished existing apartments.</p> <p>There is an implemented planned and reactive maintenance schedule. Staff enter maintenance requests in a book and there is evidence that these are responded to and signed off promptly. The facility has an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually.</p> <p>Staff interviews and facility inspection confirmed there is adequate equipment to support care, including care for residents with disabilities.</p> <p>There are quiet areas throughout the facility for residents to use when required. There are ramps and rails to facilitate access for residents with disabilities. There are paved courtyards, landscaped lawns, and areas with outdoor table and chairs and shade that are able to be accessed freely by residents and their visitors.</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>All rooms, including the proposed nine dual purpose and one rest home room, have full ensuite facilities with a shower, toilet and a basin. All ensuites have: a call bell; room for manoeuvrability of resident and staff; approved handrails; wide doorways, hand basins, flowing soap and towel dispensers were sited within reach to facilitate ease of mobility and independence.</p> <p>Toilets for visitors are located in close proximity to communal areas and have a system to indicate vacancy and provide disability access.</p> <p>Hot water temperatures are monitored monthly and were noted to be maintained within recommended temperature ranges. Interviews with the maintenance person confirmed that where these varied from the recommend range corrective actions were taken immediately to address this.</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>Residents have their own suite/room and those viewed were noted to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. Resident interviews confirmed that there was sufficient space to accommodate furniture; equipment such as hoists; and staff as required.</p> <p>Residents and their families are encouraged to personalise their rooms. Furniture in residents' rooms includes: residents' own personal furniture; possessions and memorabilia; is appropriate to the setting; and is arranged in a manner that enable</p>

		<p>residents to mobilise freely.</p> <p>There are designated areas to store equipment such as: mobility scooters; wheel chairs; walking frames; and hoists, safely and tidily.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The current apartments have a downstairs dining room and lounge area adjacent to the rest home/hospital dining/lounge room area. In addition there is a separate dining room situated centrally in the proposed new dual purpose suites. There are a number of smaller alcove areas with seating and a view of gardens for residents to sit and read or meet with other residents. In addition there are external areas with seating and shade. All areas can be easily accessed by residents and staff and there are sufficient quiet areas for residents and their visitors to access if they wish. This includes areas where young people with disabilities can find privacy.</p> <p>Dining and lounge areas were observed to be used for activities as required.</p> <p>Residents were observed to have their meals with other residents in the communal dining rooms, but can choose to have their meals in their room if they wish.</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>Laundering of all facility linen is undertaken in an on-site laundry and there is a laundry assistant on duty each day, seven days a week. This includes the laundering and ironing of residents' labelled personal clothing. There are processes in place for the daily collection and distribution of facility linen and residents' clothing. There is clear delineation and observation of clean and dirty areas in the laundry. There are areas for linen storage. Sufficient stocks of clean linen were sighted and additional stocks have been purchased to accommodate the additional 10 beds. The laundry assistant interview expressed confidence that the facility's laundry could cope with an additional 10 beds.</p> <p>There are cleaners on duty each day, seven days a week and cleaning duties and procedures are clearly documented, to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cleaning cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Chemical data posters and data sheets are available and there is training provided about the use of products provided. The cleaner stores dispensed and mixed chemicals on a trolley when cleaning and observation confirmed that the trolley is with them at all times.</p>

		<p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process with no significant problems identified. Resident interviews and observation noted the facility to be clean, uncluttered, and tidy.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Staff files and training records demonstrate that orientation and the annual training programme includes emergency and disaster procedures and fire safety.</p> <p>A New Zealand Fire Service approved fire evacuation plan was sighted and this includes the 10 re-designated suites. Interviews and documentation confirmed that fire drills are conducted at least six monthly. There is a monitored fire alarm and sufficient firefighting equipment and signage displayed. There is a nominated fire warden for each shift.</p> <p>There are at least two staff members on each shift with a current first aid certificate.</p> <p>There are supplies to sustain staff and residents in an emergency situation including alternative energy and utility sources that are available in the event of the main supplies failing. These include a barbeque and gas bottles; battery operated lighting; and food, water, and continence supplies.</p> <p>All required emergency equipment and supplies were sighted on the day of audit and had been checked within required timeframes. This included equipment and supplies to accommodate the 10 proposed re-designated suites.</p> <p>The service's emergency plan includes considerations of all levels of resident need including YPD.</p> <p>There are call bells to summon assistance in all residents' rooms, including apartments and the proposed re-purposed rooms, toilets and communal areas. The 10 re-designated suites sighted have call bells in: the bedroom (by the bed), the bathroom (by the lavatory) and the lounge dining area (by the seating area). Call bells are checked monthly by the maintenance person. Observation on the day of the audit and resident and family interviews confirmed that call bells are answered promptly. Call bell response times are monitored and there are systems in place to immediately escalate to senior staff if there are delays in call bell response.</p> <p>There are security systems in place to ensure the protection and safety of residents, visitors and staff. These include visitors signing in and out of the building</p>

		and the facility, being locked in the evenings, and night time security lighting in place.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas accessed by residents have safe ventilation and external windows providing natural light. The facility is heated throughout by a water heated radiator system. Temperatures of radiators in rest home and hospital areas is maintained at under 50 degrees for safety. Interview confirmed that this temperature for heating would also be provided in the 10 converted apartments. The environment in all areas was noted to be maintained at a satisfactory temperature.</p> <p>There are systems in place to obtain feedback on the comfort and temperature of the environment. Resident and family interviews confirmed that their environment was maintained at a comfortable temperature and there were no issues identified with the temperature of the facility.</p> <p>There is a designated covered external smoking area for residents and there was no evidence that smoking in this area impacted on other residents or staff.</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>Oceania has an established infection prevention and control programme. St Johns Wood's infection control programme is reviewed annually with the last review in September 2018. The infection control programme, its content and detail, is appropriate for the size, complexity, and degree of risk associated with this service. It is linked into the incident reporting system. Oceania infection control policies and procedures manual provides information and resources to support staff. Visual information is located throughout the facility for visitors, staff and residents' awareness of infection control procedures to minimise the risk of infection.</p> <p>There is a signed infection control nurse job description outlining responsibilities of the position. A RN is the designated infection control nurse and is responsible for infection control practice and processes at the facility. The ICN is supported by the CM, BCM, the regional clinical and quality manager, the Oceania infection control committee, and infection control team. Meeting minutes from the combined infection control, health and safety and quality meetings are available for staff. Health care assistants receive training in infection control and ensure they notify the RNs of any concerns when caring for the residents. The shift handovers are</p>

		<p>also a forum for reporting incidences of infection. Short-term care plans are used, for example for wound care and other infections. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff at orientation, for all staff on an ad hoc basis and through mandatory annual training/study days.</p> <p>A process is identified in policy for the prevention of exposing others to infection. Interviews confirmed that staff are aware of when not to come to work and when it is appropriate to return. Signage is available and used in the facility as required. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Infection control advice can be sought from the GPs, microbiologist, and from representatives of the DHB infection control team if and when required. Guidelines and a pandemic plan are in place should any incidents arise. Two outbreaks (both with small numbers affected) in 2018 were reported and managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Oceania has a philosophy around reducing the use of restraint. The definition of restraint and enabler is congruent with the definition in the standard. There were no residents using an enabler or restraint on the days of the audit.</p> <p>Staff and management interviews confirmed the approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety.</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.