

# Oceania Care Company Limited - Eversley Rest Home and Village

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## 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:** Eversley Rest Home and Village

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

**Dates of audit:** Start date: 22 August 2019 End date: 23 August 2019

**Proposed changes to current services (if any):** The changes include the introduction of the hospital medical and geriatric service in 32 rooms. Room 34 will remain rest home level only.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 44

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Oceania Healthcare Limited - Eversley Rest Home and Village also known as Eversley, is currently able to provide rest home and dementia level of care for up to 50 residents. There were 44 residents at the facility on the first day of the audit.

This partial provisional audit was undertaken to establish the level of preparedness to provide hospital level of care in up to 32 dual purpose beds. One bed will remain for rest home level of care only, with seventeen beds in the dementia unit. The total capacity will remain the same.

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

All areas requiring improvement at the last audit have been addressed and requirements relating to this partial provisional audit are met.

## **Consumer rights**

### **Organisational management**

Oceania Healthcare Limited is the governing body responsible for the services provided at Eversley. The business plan documents the scope, direction, vision, mission and values of the facility. This information is provided to potential residents and their families in the form of an information pack and displayed at the entrance of the building.

The facility is managed by an appropriately qualified and experienced business and care manager and supported by a relief clinical manager, who is responsible for the oversight of clinical service provision. The relief clinical manager is a registered nurse with current practising certificate. The facility management team is supported by the regional clinical quality and operations manager.

Oceania Healthcare Limited's human resource policies and procedures are implemented. The service currently employs 48 staff and plans to recruit new staff as their need for additional staff increases. This is documented in a transition plan.

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 residents and family interviewed reported that there is adequate staff available. Proposed rosters reflect the staffing requirements for the increase in beds.

### **Continuum of service delivery**

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after admission.

The interRAI assessment is used to identify residents' needs and these are completed within the required timeframes. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis.

Person centred care plans are developed and implemented within the required timeframes. Person centred care plans are individualised and based on an integrated range of clinical information, residents' needs, goals and outcomes are identified. All residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents and their relatives are involved in the care planning process and notified regarding any changes in a resident's health status.

Short-term care plans are in place to manage short-term issues or problems as they arise. Handovers between shifts guide continuity of care and team work is encouraged.

There is an appropriate medication management system in place. Review of the electronic medication management system confirmed processes and practices are in line with the legislation and contractual requirements. Medications are administered by registered nurses and senior health care assistants. Medicine management competencies reviewed for staff who administer medicines were current.

The activity programme is managed by a diversional therapist and an activities assistant. The programme provides residents with a variety of individual and group activities and maintains their links with the community. Activities are provided over 24 hours for the residents in the dementia service. The service uses its facility van for outings in the community. Family are able to participate in the activities programme.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a food control plan which is current and displayed. Kitchen staff have food safety qualifications. The kitchen was clean and meets food safety standards. Residents and family confirmed satisfaction with meals provided.

## **Safe and appropriate environment**

The service has a current building warrant of fitness. There is a planned, preventative and reactive maintenance programme in place that complies with legislative requirements.

The service provides accommodation as single rooms and rooms with ensuite toilets. All but one room in the rest home are spacious enough to allow for resident cares and ease of movement at hospital level of care. There are accessible and safe external areas; balconies and private gardens with shade for residents and their families/visitors.

There is a newly installed call bell system for residents to summon help when needed. Call bells are responded to promptly. Essential emergency and security systems are in place to ensure resident safety with six monthly trial evacuations undertaken. Policies and processes are in place and implemented for waste management. Cleaning services are managed by housekeeping and laundry is undertaken by another Oceania facility in the area.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice

## **Infection prevention and control**

There is an infection control programme that complies with current best practice. Its content and detail are appropriate for the size, complexity and degree of risk associated with the service. There are adequate antibacterial gels and hand washing facilities for staff, visitors and residents. A registered nurse is the infection control nurse. The infection control programme is reviewed annually for its continuing effectiveness and appropriateness. Staff education in infection prevention and control was conducted according to the education and training programme and was recorded in staff files reviewed.

## 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	21	0	0	0	0	0
Criteria	0	42	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 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Oceania Healthcare Limited (Oceania) has a documented vision, mission and values statement displayed in the main entrance of Eversley. These are communicated to residents, staff and family through information in booklets to new residents and their families as well as staff during training. In addition to the overarching Oceania business plan, the facility has a business plan specific to Eversley, including the new facility development.</p> <p>The Eversley management team receive support from the Oceania executive management. The business and care manager (BCM) reports to the executive team on progress against identified indicators.</p> <p>The facility is managed by the BCM and supported by a relief clinical manager (RCM). The BCM initially worked as a registered nurse (RN) and later worked in management roles working with older people. The BCM has a current annual practicing certificate (APC).</p> <p>The clinical care at the facility is overseen by the RCM, who is a RN with current practising certificate and has been in this position since the recent resignation of the CM. The Ministry of Health was informed of this change. The RCM has been working in aged care for many years and in the role of national relief clinical</p>

		<p>manager for Oceania since the beginning of 2019. The management team at Eversley have completed induction and orientation appropriate to their respective roles.</p> <p>The facility is certified to provide rest home and dementia services. They currently provide care for up to 50 residents with an occupancy of 44 residents on the first day of the on-site audit. There were 30 residents receiving rest home level care and 14 residents receiving dementia level care. The service has a total of 33 beds currently used as rest home care beds.</p> <p>The facility has contracts with the district health board (DHB) for the provision of residential aged care, mental health in aged related residential care (ARRC), respite day-care in ARRC and convalescence residential care services.</p> <p>There are no occupation right agreements (ORAs) for residents receiving care at this facility.</p> <p>This partial provisional audit was undertaken to establish the providers level of preparedness to provide hospital level of care for up to 32 residents with 32 of the 33 beds as dual-purpose beds.</p> <p>There are currently no residents receiving hospital level of care. The BCM has developed a plan to employ new staff in preparedness for providing hospital level of care. The plan includes a staffing escalation process, increasing staff numbers as occupancy of hospital level care residents increases.</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 clinical manager (CM) is responsible for the day to day operation of the service and supported by experienced RNs, the regional CQM and the regional operations manager. In the absence of the CM, the RCM, the BCM with the support and help of the regional CQM ensures continuity of clinical services. As observed on audit as the RCM is currently relieving as the current CM has resigned.</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>Human resource management policies and procedures are implemented and meet legislative requirements.</p> <p>Staff skills and knowledge required for each position is documented in job descriptions. Staff files reviewed demonstrated that recruitment processes for</p>



		<p>staff include: reference checks; police vetting; identification verification; position specific job description and a signed employment agreement.</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>The service has an orientation/induction programme in place to ensure essential components of services are provided. New staff are required to demonstrate competency on, and/or understanding of clinical interventions and care.</p> <p>Staff interviews, and documentation confirmed orientation is completed. The organisation has a documented mandatory education and training programme which is updated annually. There are systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. Staff in the dementia unit completed the required training to ensure appropriate care.</p> <p>The RCM and three RNs have completed interRAI assessment training and competencies. An appraisal schedule is in place. All staff complete annual performance appraisals.</p> <p>Training for RNs and HCAs to provide hospital level of care and competencies are in place. Training for RN's recruited once the first three hospital level residents are admitted will continue through the on-going education programme in place.</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 facility currently has 48 staff, including the management team.</p> <p>The organisation's staffing and skill mix policy and formula provide guidance to ensure safe staffing levels within the facility meet the needs of residents' acuity and the requirements of the DHB contract. Rosters are formulated four weeks in advance. Staffing levels are reviewed to accommodate anticipated workloads and ensure the facility is serviced with the appropriate skill mix. In addition, staffing levels are reviewed on an ad hoc basis after changes in the services provided and the number of residents.</p> <p>There are casual RNs, health care assistants (HCA) and household staff available to supplement rosters when needed to accommodate increases in workloads and the acuity of residents. Rosters sighted reflected staffing levels</p>

		<p>that meet resident acuity and bed occupancy for both the current acuity and occupancy and for when the first three to five residents are admitted at hospital level of care.</p> <p>The plan includes a staffing escalation process, increasing staff numbers as the occupancy of new hospital level care residents increase. Observation of service delivery confirmed that residents' needs were being met in a timely manner. Resident interviewed stated that current staffing meets the residents' needs. Staff interviews confirmed that they have time to complete their scheduled tasks and resident cares, including the addition of hospital level of care.</p> <p>The RCM or BCM is available on call after hours. The service is recruiting for a fulltime CM.</p> <p>The facility's staffing rationale also informs recruitment processes to ensure suitable staff are appointed and available to meet the needs of residents, including those with non-acute medical conditions. Recruiting processes have commenced for RNs to be able to provide cover once they have more than the initial three to five hospital level care residents. The service has a staffing plan with incremental staffing increases to ensure the needs of additional residents are met. Interviews and the proposed roster sighted demonstrated that there will be an increase in RNs availability on the morning shifts with RN oversight in the afternoons and nights, once residents requiring hospital level of care, are more than the initial three to five residents.</p> <p>There are existing dedicated nurses' station areas, which are centrally positioned and enable prompt access to all rooms. Residents will have access to 24-hour care staff, including RNs. Interviews and a review of proposed rosters confirmed that staffing will be able to cover the proposed changes of the facility.</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>Oceania Healthcare Limited has policies and processes describing medication management that align with legislation and guidelines. Medicine reconciliation is completed by the GP on admission. Medications are checked against the resident's medication profile on arrival from the pharmacy by an RN. All staff authorised to administer medicines had current competencies. Staff education in medicine management is provided.</p> <p>Review of the medication areas evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in</p>

		<p>original dispensed packs. The drug register is maintained and evidenced weekly checks and six monthly physical stocktakes. An electronic medication management system is used at the facility and meets the current legislative requirements and safe practice guidelines. Electronic administration records are maintained. The medication round was observed at lunch time and evidenced safe practice.</p> <p>The medication fridge is checked weekly and records evidenced temperatures within the recommended range. There are no vaccines stored on site.</p> <p>There were no standing orders in use at time of audit. There were no residents self-administering medicines.</p> <p>The current implemented medication system is satisfactory to meet the needs of future hospital level care residents.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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>All meals are prepared on site and served in two dining rooms. The seasonal menu has been reviewed by a dietitian, with the winter menu implemented at the time of audit. A food control plan is in place, with an expiry date of January 2020. Current food management training and certificates for cooks and kitchen staff were sighted.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal sighted at the time of the audit comply with current legislation and guidelines. The chef is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges, a freezer and a cool store which are temperature monitored three times daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Food temperatures are monitored appropriately and recorded. Kitchen staff have relevant food hygiene and infection control training. The kitchen was clean and cleaning schedules sighted.</p> <p>A nutritional assessment is undertaken for each resident on admission by the RN to identify the residents' dietary requirements and preferences. The dietary profiles are communicated to the kitchen staff and updated when a resident's dietary needs change and when dietary profiles are reviewed six monthly. Diets are modified as needed and the chef confirmed awareness of the dietary needs,</p>

		<p>likes and dislikes of residents. These are accommodated in daily meal planning.</p> <p>Residents were seen to have been given sufficient time to eat their meal and assistance was provided when necessary. The staff were observed to be providing appropriate assistance as required at meal times. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>The current food service is satisfactory to accommodate future residents at hospital level 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>Registered nurses complete assessments and care plans within the required timeframes. Initial care plans, interRAI assessments, any instruction by GP or specialists, and evaluations informed the PCCP. The five PCCPs reviewed were resident focused, integrated and promoted continuity of service delivery.</p> <p>The resident files reviewed included sections for the resident's profile, details, observations, PCCP, monitoring and risk assessments. Goals set were realistic, achievable and clearly documented. Progress notes reviewed and handover observed confirmed continuity of service delivery.</p> <p>The area requiring improvement from the previous audit relating to the initial care plans not being consistently fully completed has been addressed.</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 residents' activities programme is developed and overseen by a diversional therapist (DT). The DT is assisted by an activity coordinator. Activities for the residents are provided by the DT four days a week. In addition, weekends and on one weekday activities are implemented by the activity coordinator and the HCAs. The activities programme was displayed and implemented in both service areas. The activities programme provides variety and includes a range of activities which incorporate education, leisure, cultural and community events. Van outings into the community are arranged once a week.</p> <p>The resident's activities assessments are completed within three weeks of admission in conjunction with the admitting RN. Information on the resident's interests, family and previous occupations are gathered during the interview with the resident and their family and then documented on the 'about me' form.</p> <p>The residents' activity needs are reviewed six-monthly at the same time PCCPs</p>

		<p>are reviewed. This is part of the formal six monthly multiple disciplinary review process.</p> <p>There is a 24-hour activity plan for the dementia level care residents that includes times of day when additional activities are required. Strategies are documented for managing individual residents with challenging behaviour and for providing activities of interest to the individual's well-being.</p> <p>There was evidence that activities staff are part of the interRAI and care plan review process. The residents and their families reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging in a variety of activities in both the rest home and the dementia unit.</p> <p>The current activity systems and processes will meet the needs of future hospital care residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>The PCCPs are evaluated every six months in conjunction with the interRAI re-assessments or as the residents needs change. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Changes in the interventions are initiated when the desired goals/outcomes are not achieved. Residents and families confirmed involvement in the evaluation process and any resulting changes. Contact with family was verified in the resident's records and documented on the family communication record in the individual resident files reviewed.</p> <p>Wound care plans evidenced timely reviews.</p> <p>Short-term care plans are developed for acute problems when needed and record goals and the required interventions for the identified short-term problems. The short-term care plans reviewed were signed, dated and closed out when the short-term problem had resolved. The short-term strategies to maintain and promote the resident's independence are documented.</p> <p>The previous requirements for improvement relating to care plan evaluations not consistently recording achievements, wound care plan evaluation timeframes not consistently being adhered to, and short-term care plans being completed for short-term problems have been implemented.</p>

<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></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>Policies and procedures for the management of waste and hazardous substances are in place and 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. Current material safety data posters are available and accessible to staff. Staff receive training and education in safe and appropriate handling of waste and hazardous substances.</p> <p>Interviews and observations confirmed that there is personal protective clothing and equipment provided, such as aprons, gloves and masks, which is appropriate to the recognised risks. Protective clothing and equipment were used during the on-site audit and observed to be used correctly in all high-risk areas.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>All but one of the rooms in the rest home are appropriate for dual purpose use allowing 32 of the 33 rooms to be utilised for hospital level of care.</p> <p>There is a current building warrant of fitness.</p> <p>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.</p> <p>There is an implemented planned and reactive maintenance schedule. Staff enter maintenance requests in a book and these are responded to promptly and signed off. There is an annual test and tag programme, and this is up to date, with checking and calibrating of clinical equipment annually. The service has sufficient equipment available to ensure appropriate care for hospital residents.</p> <p>Staff interviews, and facility inspection confirmed there is adequate equipment to support care, including hospital level of care for up to the first five hospital level residents. There are ramps and rails to facilitate access for residents using mobility aids, including young people with disabilities. There are paved courtyards, landscaped lawns and areas where outdoor tables, chairs and shade umbrellas can be used. Outdoor areas can be accessed freely by residents and their visitors.</p> <p>Emergency training and evacuation training for staff has been completed and</p>

		cleaning and infection control services within the new wing are in place.
<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>Twenty-eight rooms have ensuite toilets, three rooms share toilet facilities and two rooms have no toilets connected to the rooms. These residents use communal toilets. All rooms have their own basins. All shower facilities are communal.</p> <p>All rooms and bathrooms have alert systems to summon assistance in an emergency. There are also approved handrails and call bells in key areas of communal areas. Doorways are wide and hand basins within reach to facilitate ease of mobility and independence. All toilets and bathrooms have a system to indicate vacancy and provide disability access. The facility has toilets for visitors and staff, including a staff shower.</p> <p>Hot water temperatures are monitored monthly and were noted to be maintained within recommended temperature ranges. Documentation and interviews with the maintenance person confirmed that temperatures are being checked, and where temperatures had varied from the recommend range corrective action was taken and confirmed to be within recommended temperature ranges.</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>All but one room in the rest home, were noted to have space to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. Residents and their families are encouraged to personalise their rooms. Residents' rooms include their furniture; possessions and memorabilia. The rooms are arranged in a manner that enable residents to mobilise freely.</p> <p>There are designated areas to store equipment such as wheel chairs and walking frames, safely.</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>All the rooms have access to the centrally located dining room, where residents can have their meals with other residents. The residents may have their meals in their own room if they wish.</p> <p>There are large lounge areas with smaller private areas for residents, including any young people with disabilities, to meet with friends and family.</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 services are supplied by another Oceania facility. Designated HCAs are responsible for the unpacking and distribution of the clean laundry once received. Processes are in place for the daily collection and distribution of facility linen and residents' clothing. There is clear delineation and observation of incoming clean laundry and outgoing dirty laundry.</p> <p>Cleaners are 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 in accordance with the cleaning procedure. There are designated locked cleaning cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Chemical data posters and safety data sheets are available. Staff receive training in the use of the products provided.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process. Resident interviews and observation noted the current facility to be clean and tidy. Interviews confirmed that the current cleaning systems are effective.</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>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. A nominated person is fire warden for each shift. Staff, including the health and safety representative and RCM, have undertaken fire warden training. Fire evacuation plan exercises are completed six monthly with the fire department. Interviews and documentation confirmed that fire drills are conducted. There are both smoke detector and sprinkler systems throughout the building with signage displayed.</p> <p>All RNs and the health and safety representative receive first aid training and 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. Emergency supplies include; battery operated lighting; food, water, and continence supplies. Required emergency equipment and supplies were sighted on the day of audit</p>



		<p>and had been checked within required timeframes.</p> <p>The service's emergency plan includes considerations of all levels of resident needs including any YPD residents as required.</p> <p>There are call bells to summon assistance in all residents' rooms and toilets. Observation on the day of the audit and resident interviews confirmed that staff respond to call bells 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, staff locking of the facility at dusk, an intercom for after-hours access and night time security lighting.</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>Residents' rooms and communal areas provide safe ventilation and external windows as well as sky lights throughout the facility, that provide natural light. The facility is heated throughout by hot water radial heaters in rooms and heat pumps in communal areas. The environment in all areas were noted to be maintained at a satisfactory temperature on the days of audit.</p> <p>There are systems in place to obtain feedback on the comfort and temperature of the environment. Resident 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>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 control programmes content and detail is appropriate for the size, complexity and degree of risk associated with the service. A RN is the designated infection control nurse (ICN) and has been in the role for four years. The ICN completed training for this role in June 2017 and attends bi-monthly training at the DHB. There is a signed job description.</p> <p>The infection control programme is reviewed annually.</p> <p>Education is provided for all new staff at orientation and at annual study days. There are adequate antibacterial gels and hand washing facilities for staff, visitors and residents. Spot audits have been conducted and include hand</p>

		<p>hygiene and infection control practices.</p> <p>The current infection control programme is suitable to meet the needs of future hospital level care residents.</p> <p>Previous requirements for improvement relating to annual review of the infection control programme have been implemented.</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>Infection control surveillance is appropriate to that recommended for long term care facilities. When an infection is identified a record of this is documented on the infection log and signed off when the infection is resolved.</p> <p>Monthly surveillance data is collated and analysed to identify trends, possible causes and required actions. These are reported on at staff meetings. All information is forwarded to the Oceania head office.</p> <p>Residents' files reviewed evidenced that residents with an infection had a short-term care plan in place. The GP interviewed confirmed infections are reported in a timely manner.</p> <p>In interviews care staff reported they are made aware of any infections through feedback from the RNs, verbal handovers, short-term care plans and the progress notes. This was confirmed during attendance at the handover and review of the residents' files.</p> <p>The previous requirement for improvement relating to the inclusion of all infections in infection control surveillance reporting has been implemented.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint minimisation and safe practice policies and procedures comply with legislative requirements.</p> <p>The restraint coordinator is the BCM. A signed job description was sighted. A restraint register is maintained. There were no residents using restraints or enablers at the time of the on-site audit. Restraint minimisation and safe practice education is provided to all staff at orientation/induction to the service and ongoing education is provided to staff annually.</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
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.