

# Oceania Care Company Limited - Awatere

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Awatere

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

**Dates of audit:** Start date: 6 July 2021 End date: 7 July 2021

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 81

# Executive summary of the audit

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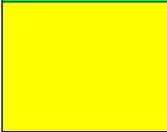
## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Oceania Care Company Limited - Awatere (Awatere care suites) opened on 5th August 2019 with residents relocating from Trevellyan Care Home over a three-day period. Awatere provides rest home and hospital level care for up to 92 residents. All beds are suitable for either rest home or hospital level care. The service is managed on a day to day basis by a business and care manager and a clinical manager.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, and a general practitioner. This is the first full certification audit against the Health and Disability Services Standards for Awatere, as the initial scheduled audit was deferred due to the national Covid-19 pandemic.

Residents and families spoke positively about the care provided.

This audit has resulted in one continuous improvement rating in relation to helping the residents maintain links with family. There are no areas identified as requiring improvement.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Personal privacy, independence, individuality and dignity are supported. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet residents' needs.

A complaints register is maintained with complaints resolved promptly and effectively.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The business plan and clinical excellence plan detail the scope, goals, and values of the organisation. There are appropriate processes in place to monitor and report on key aspects of service through to senior managers/executive team. An experienced and suitably qualified person manages the facility and is supported by a clinical manager.

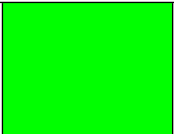
The quality and risk management system includes internal audits, satisfaction surveys, collection and analysis of quality improvement data including clinical indicators, benchmarking, and quality improvement projects.

Adverse events are documented with corrective and quality improvement actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The recruitment, appointment, orientation and management of staff is based on current good practice. There is a systematic approach to identify and deliver relevant ongoing training which supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents. There are always at least two registered nurses on duty.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files

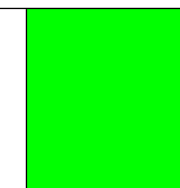
reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility is over three storeys and meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. Clinical equipment has evidence of current performance monitoring/clinical calibration. Communal and individual spaces are appropriately ventilated and maintained at a comfortable temperature. External areas are accessible, safe and provide sufficient shade and seating.

Waste and chemicals/hazardous substances are stored securely. Staff use protective equipment appropriately. Laundry services are provided on site and by external contractors. Cleaning is undertaken daily by employed staff.

Staff are trained in emergency procedures. The fire evacuation plan has been approved by the New Zealand Fire Service. Fire drills are conducted at least six monthly. There are appropriate supplies available for use in a civil defence emergency. Call bells are appropriately located. Security cameras are in use and security systems and signage are appropriate for the services provided.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. There were no restraints or enablers in use at the time of audit. Staff are provided with training on restraints and enabler use during orientation and as a component of the ongoing education programme. Staff demonstrated a sound knowledge and understanding of the organisation's policies and detail the processes required in the event restraints are used.

## 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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The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	1	92	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Awatere is guided by Oceania Healthcare Limited's overarching policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed demonstrated knowledge, understood the requirements of the Code and were observed demonstrating respectful communication, open disclosure, encouraging residents' independence, providing options and maintaining residents' dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent had been gained appropriately using the organisation's standard consent form.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record.</p> <p>Consent forms were sighted for Covid-19 and flu vaccinations. Staff were observed to gain consent for day-to-day care.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. The clinical manager (CM) was unaware of any use of the advocacy service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p> <p>An initiative introduced during Covid-19 alert level 'lockdown' involved residents being videoed reading stories which were sent out to families to maintain connectedness. The response of residents and family were extremely positive, stimulating the residents and strengthening family ties. The initiative was a finalist in the New Zealand Aged Care Association awards.</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 complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. Feedback forms are also readily available.</p> <p>The complaints register is maintained detailing all complaints received. The business and care manager is responsible for complaints management, with the support of the clinical manager, and regional operations manager and the regional clinical manager if required. The business and care manager was able to detail the process that is undertaken should any oral or written complaints be received.</p> <p>There have been five complaints received since opening. This included a recent complaint via the district health board (DHB). A review of complaints verifies that the complaints have been investigated and followed up in a timely manner. An action plan has been developed following the DHB complaint and work has commenced to address the identified issues. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from the Ministry of Health or Health and Disability Commissioner since opening.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided. The Code is displayed in reception and beside the lifts together with information on advocacy services, how to make a complaint and feedback forms. Staff complete annual training on the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Awatere ensures that each resident has the right to privacy and dignity. The residents' own personal belongings are used to individualise their care suites. There is one married couple sharing a room. Spaces are available for private conversations and patient information was maintained in the computer with staff having unique login to access. The residents and family members interviewed confirmed they were treated with respect. Health care assistants (HCAs) were observed knocking on bedroom doors prior to entering, and doors were closed when cares were been given.</p> <p>Residents and staff reported they had not witnessed any abuse or neglect; however, they understood the processes to follow in the event of this occurring. Staff receive annual training on abuse and neglect and can describe the signs. There are no documented incidents of abuse or neglect in the incidents reviewed in residents' files. Staff interviewed were aware of the need to ensure residents are not exploited, neglected or abused. Staff are clear about professional boundaries and ethics that inform their behaviour when interacting with residents. A staff code of values and conduct booklet is included in their orientation pack.</p> <p>Residents are encouraged to maintain their independence by attending community activities and organising appointments. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that</p>	FA	<p>There were two residents who identified as Māori on the days of audit. There is a current Māori health plan developed with input from cultural advisers. Principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau. Guidance on tikanga best practice is available as is information on the Te Whare Tapa Wha Māori model of health. The interview with the residents and whānau confirmed that their cultural needs were met.</p>

respects and acknowledges their individual and cultural, values and beliefs.		
<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	Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed. The resident satisfaction survey confirmed that individual needs are being met. Staff are educated as part of the mandatory education provided on cultural safety and cultural appropriateness. Cultural activities are included in the activities programme to celebrate the cultures represented such as celebrations of Matariki and Diwali. Church services are available to residents and their families.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	Residents and family members interviewed stated that all staff showed kindness, care and respect which is the values that Oceania bases their philosophy of care on. All residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, a podiatrist, wound care specialist, psychogeriatrician, and education of staff. The general practitioner (GP) confirmed the service had a caring culture and that staff sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, although reported this was rarely required due to a multi-</p>

communication.		cultural staff able to provide interpretation as and when needed. Those that had low vision or hearing loss had this flagged on the computer software used.
<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>The business plan details the purpose, drivers, and goals of the organisation. There is a new chief executive officer (CEO) who was internally promoted and commenced in the new role on 22 March 2021. There are 47 Oceania Healthcare retirement complexes in the group. Twenty of these have aged related residential care (ARRC) services co-located.</p> <p>Awatere care suites opened on 5 August 2019, relocating residents from another ARRC facility in Hamilton to a three-storey purpose built ARRC facility comprising one bedroom and single unit care suites. Each care suite/unit is suitable for the provision of rest home or hospital level care. Three units/suites are suitable for the care of two residents (couples) if required.</p> <p>There is a document detailing the annual objectives and targets for Awatere care suites and this includes clinical, financial, people, customer satisfaction, and the business and care manager's personal goals, which align with the Oceania business plan.</p> <p>There is an Oceania clinical excellence strategy. This has been developed by the general manager of nursing and clinical and details the vision, three core principles (clinical excellence, resident centred care, and employer of choice) and three strategic priorities (risk management, resident wellbeing and clinical capability).</p> <p>The Awatere care suites business and care manager is an enrolled nurse, who maintains a current annual practising certificate, and has worked for Oceania as the business and care manager at the previous facility and relocated to the current site. The business and care manager has approximately 28 years' experience working in the ARRC sector including as business and care manager, or equivalent role, for approximately eight years. The business and care manager is responsible for financial, staffing, health and safety issues and building/facility management and meets regularly with, and reports to, the long-standing regional operations manager (who reports to the CEO), and regional clinical manager, who was appointed to this role on 1 September 2020. The regional operations manager expressed satisfaction that appropriate issues are being communicated in a timely manner.</p> <p>The business and care manager is supported by a clinical manager, who commenced in this role in October 2020. The clinical manager worked as a register nurse (RN) at Awatere and was internally promoted when the previous CM resigned. The clinical manager is responsible for ensuring the clinical needs of the residents are being met. The clinical manager is undertaking post graduate education on a nurse practitioner academic pathway. The clinical manager has worked at Oceania in a variety of roles for approximately 10 years and reports to the business and care manager and the regional clinical manager. There is also a guest services manager, a maintenance manager and an executive chef in the</p>

		<p>management team.</p> <p>The business and care manager have exceeded eight hours of education per annum related to managing an aged related residential care facility as required by the providers contract with Waikato District Health Board (WDHB).</p> <p>The facility has an Aged Related Residential Care Contract (ARRC) with WDHB for the provision of rest home, and continuing hospital level care. Another contract includes 19 categories for respite care services. There is a long-term support chronic health conditions (LTS-CHC) contract for rest home and hospital level of care. There were 81 residents receiving care at the time of audit. This included 55 residents at long term rest home level of care and 19 residents at ARRC continuing (hospital) level of care. Two additional residents with purchased care suites have not have a NASC needs assessment, however had a letter on file from the GP stating these residents (who are self-funding) were requiring rest home level of care. There were also two residents at respite rest home level of care, one at respite hospital level care, and one resident under the transition to home contract at rest home level of care. There was one resident under the LTS-CHC contract at hospital level of care.</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>In the business and care manager's absence, the clinical manager and the guest services manager (GSM) manager are responsible for the oversight of care and services provided. There are delegated tasks included in the clinical managers job description. The clinical manager was able to detail the responsibilities in the business and care managers absence both planned and unplanned and confirmed appropriate supports are available.</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>Awatere care suites has a quality and risk management system which is understood and implemented by service providers. This includes internal audits/reviews, satisfaction surveys, incident and accident reporting, health and safety/hazard management, infection control data collection and management, and concerns/complaints management. There is an internal audit schedule. Templates are used for each audit. The results of at least eight sampled audits demonstrated that there was a high level of compliance with the organisation's policies. The results are communicated to applicable staff.</p> <p>The health and safety committee meets monthly and is attended by the business and care manager, the clinical manager, the facilities manager, the physiotherapy assistant and the health and safety representative. Meeting minutes demonstrated discussions on staff injuries/accidents, regular review of the hazard register, monitoring H&amp;S key performance indicators, ensuring staff have completed</p>

	<p>applicable H&amp;S training including at orientation, and that applicable internal H&amp;S audits have been completed and the results communicated. The H&amp;S representative reports there is active management of health and safety issues and an example provided of improvements in the laundry processes (refer to 1.2.4).</p> <p>There is an annual resident and family satisfaction survey. The results of the 2021 survey dated 29 April 2021 was sighted. There was a 65% response rate (26 respondents out of the 40 surveys issued). The vast majority of respondents agreed or strongly agreed they were satisfied with communication, activities, meals, laundry, the facility/environment, care, safety and cleanliness. The feedback from the relative satisfaction survey (an electronic survey sent out by national support office) conducted in March 2021 was predominantly positive about the services provided. There were seven family members that responded.</p> <p>Appropriate quality information is shared with staff via shift handover as well as via the regular staff meetings. There are monthly resident meetings, cleaner/domestic staff meetings, health and safety meetings, falls review meetings, registered nurse meetings and general staff meetings. All meetings lead into the quality meeting which is the forum where all applicable issues are discussed. The minutes of three meetings verified discussion occurs on health and safety, emergency response/supplies, internal audits, education/training, resident feedback, clinical issues, incidents, changes to suppliers/consumables, and human resources. Staff interviewed verified they were informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations, policies/procedures and any changes in process or practice.</p> <p>Policies and procedures are available to guide staff practice and are developed nationally. These are available for staff electronically on the intranet. A paper copy of clinical policies is available for staff. The administrator is the document controller and prints the updated document and provides this for staff to read and sign.</p> <p>There are a range of clinical indicators that are monitored monthly. These enable Awatere care suites clinical manager to compare a range of events for both rest home and hospital level care residents including resident falls (with and without injury), choking, absconding, infection, and medication errors/events with data reported from the other Oceania ARRC facilities. The monthly falls meeting is attended by the physiotherapy assistant, clinical manager and a register nurse. All residents that have had a fall are reviewed to ensure appropriate action is being undertaken to mitigate risks where able. All residents are reviewed by the general practitioner (GP) or nurse practitioner (NP) after a fall on the GP's/NP's next routine visit, unless a more urgent review is required due to suspected or actual injury.</p> <p>Actual and potential hazards/risks are identified in the hazard, risk and hazardous substances registers sighted. The business and care manager and the regional operations manager (ROM) described the organisation's risks and ongoing mitigation strategies. The ROM interviewed confirmed being satisfied that new or changing risks are being communicated in a timely manner and appropriate mitigation</p>
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		strategies are implemented. Resident specific risks are evaluated during interRAI assessment and care plan reviews.
<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>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events have been reported in a timely manner electronically. Sampled events have been disclosed with the resident and/or designated next of kin. This was verified by residents and family members interviewed, and records of communications maintained in the sampled residents' files. A review of reported events including witnessed and unwitnessed falls with and without injury, a pressure injury, a skin tear, behaviour, a medication event, absconding, and two non-resident related events demonstrated that incident reports are completed, investigated and responded to in a timely manner. In response to injuries for two staff members in the laundry that was attributed to the weight and manoeuvring of linen bags, a quality improvement project was initiated. The average weight of used linen bags significantly reduced from between 14.5 and 18.5 kilograms per bag to consistently being nine kilograms and under. The linen bags were easier and safer for staff to handle. There have been no further injuries since this project was implemented. All care staff were involved in this project.</p> <p>Incidents/events have been also discussed with staff at the various staff meetings as verified by interview and observation of meeting minutes. A range of incidents/adverse event data is also included in the internal clinical indicator/benchmarking programme (refer to 1.2.3).</p> <p>The business and care manager advised there have been essential notifications to the Ministry of Health and/or District Health Board since the last audit related to the changes in clinical manager. The business and care manager can detail the other type of events that require reporting and stated any notifications are undertaken by the national quality, compliance and audit manager.</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 resources management policies and processes are based on good employment practice and relevant legislation.</p> <p>The recruitment process included completing an application form, interview, and referee checks. The successful candidate is required to have police vetting, provide the results of a current drug screening test, complete a health questionnaire and allow a summary of any current or historical claims with the Accident Compensation Corporation (ACC) be obtained. The job description/employment contract was present in sampled files along with a privacy/confidentiality agreement. A sample of nine staff records reviewed confirmed that policies are being implemented and records retained.</p>

		<p>All employed and contracted registered health professionals (RHPs) have a current annual practising certificate (APC). Copies of the APCs are on file.</p> <p>Staff induction/orientation includes all necessary components relevant to the role. Staff reported that the induction/orientation process suitably prepared new staff for their role and responsibilities. Additional time is provided as/when required. Staff records reviewed showed documentation of completed orientation and the associated competency assessment applicable for the role is completed within required timeframes</p> <p>A comprehensive staff education programme is in place with in-service education identified and opportunities/toolbox sessions (including those noted in the H&amp;S plan) are provided most month. Staff must attend a mandatory growth, education and motivation (GEM) study days relevant to their role each year that is facilitated nationally, and annual competencies. Records of attendance/competency are maintained and monitored. Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB.</p> <p>A performance review is undertaken within three months of employment and then annually thereafter. These have been completed for applicable sampled staff. There are systems in place to identify when these are next due.</p> <p>The registered nurses are required to have a current first aid certificate and medicines competency and records are retained of this. Most caregivers also have current first aid certificate, and a medicine competency where required. New staff are booked to complete first aid training where applicable soon after employment. There is always staff on duty with a current first aid certificate.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The clinical manager is on call when not on site, with staff reporting that good access to advice is available when needed. Care staff reported there were sufficient staff available to complete the work allocated to them and that the system in place for staff unplanned absenteeism has recently improved. Observations and review of a four-week roster confirmed adequate staff cover has been provided. There is always a minimum of five healthcare assistants and two registered nurses on duty (normally more during the morning and afternoon), in addition to the clinical manager and business and care manager who work weekday mornings. On occasions, two HCA staff attend callouts to village residents. Staff call first to ascertain if it is a genuine call or false alarm. The frequency of call outs has reduced, and occurrences are being monitored.</p> <p>There is a GP or NP on call 24 hours a day, and they visit routinely three times each week (Monday, Wednesday and Friday). There are two physiotherapist visits each week (Wednesday and Friday). The</p>

		<p>podiatrist visits monthly, and dietitian comes at request. There are regular visits by an ear nurse.</p> <p>There are sufficient allocated hours for cleaners, laundry, maintenance, activities, catering staff and administration as verified by staff interviewed and review of the rosters. Some laundry services are contracted externally.</p> <p>Clinical staff work a four on two off fixed roster. Staff are rostered to work in a designated area of the facility and allocated to work with designated residents. The required and actual RN and caregivers' hours are monitored by the business and care manager monthly and adjusted as required to meet residents' needs. The roster is issued at least one month in advance. The clinical manager is responsible to fill vacant shifts, with support of the RNs working afterhours'. There are currently three different documents in use that are used to record staff and/or shift roster changes. Staff absences are covered by casual staff, existing staff working an additional shift or staff working a longer shifts with infrequent exceptions in records sighted. The business and care manager advised changes have been made to management of unplanned leave on the weekends and this has reduced the number of staff absences.</p> <p>The clinical manager and seven registered nurses have current interRAI competency. The RNs are allocated designated time for infection prevention and control, interRAI and other designated activities, and designated time is allocated to the H&amp;S representative.</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>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable. Awatere uses an electronic system for residents' files. GP and allied health service provider notes, discharge summaries, and referrals are scanned into the system. Each staff member has a unique password to maintain privacy and only have access to information pertinent to their scope of practice</p> <p>Paper based records are archived and held securely on site and are readily retrievable. The computer-based files are retrievable through the information technology (IT) department. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>about the service and the admission process. On the day of audit there were two residents who were private paying with purchased care suites who had not had a NASC assessment, however, had a letter on file, from the GP stating they were requiring rest home level of care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic details and assessments in accordance with contractual requirements. Signed admission agreements are on file in the administration office.</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>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's 'yellow envelope' system and print off a transfer document from the software used to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. If transferring to another facility, a verbal handover is given.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the days of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage as verified in staff records.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. There are three medication rooms, one on each floor, and five medication trolleys. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries in both areas.</p> <p>The records of temperatures for the medicine fridge and the medication rooms reviewed were within the recommended range.</p> <p>Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly NP/GP review was consistently recorded on the medicine chart. Standing and verbal orders are</p>

		<p>not used.</p> <p>There was one resident who was self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner with regular sign off from the GP. The resident fully understood the reasons for the medication and was confident in managing the task. A locked box was in use and a sheet for the resident to sign was posted on the wall.</p> <p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A reported medication error had been handled appropriately.</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>The food service is provided on site by three cooks and a kitchen team, led by an executive chef. The menu is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian (31 March 2021). The executive chef personally visits new residents and discusses their needs and preferences. Regular meetings are held with other executive chefs from the region to support the role and work collaboratively.</p> <p>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 issued by Ministry of Primary Industry, current until 28 March 2022. Food temperatures, including for high-risk items, are monitored appropriately and recorded as part of the plan. All staff have undertaken relevant food handling training which occurs on an annual basis.</p> <p>There is a small café on site with baked goods prepared by the kitchen with a coffee machine for use by residents and visitors.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the</p>

service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Information is documented using validated nursing assessment tools, including a pain scale, falls risk, skin integrity and nutritional screening, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and families confirmed their involvement in the assessment process.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.  Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented in the system using a 'quick edit' function and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available. All care suites include an over bed track for hoist use, as well as standing and full sling hoists, and shower trolleys available on each floor. For those requiring hoists, they have their own sling provided.
Standard 1.3.7: Planned Activities Where specified as part of the	FA	The leisure team consists of three full-time and one part-time activities coordinators, allowing the programme to be available over seven days. One of these staff members has recently commenced the diversional therapy training. A monthly meeting of the coordinators is used to plan a varied and

<p>service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>interesting programme, with each staff member having a turn at outlining the programme.</p> <p>A social assessment and history called 'About Me' is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated by observing resident engagement and as part of the formal six-monthly care plan review. Progress notes are documented monthly for each resident, and if concerns are noted these are reported to the RN and written in the progress notes.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered including regular van outings. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Residents interviewed confirmed they find the programme stimulating and a large attendance was noticed at the activities taking place on the days of audit. Activities are held on each of the floors and staff help transport residents to the required areas. An initiative instigated by one of the coordinators received a placing in the finals of the New Zealand Aged Care Association (refer 1.1.12.1).</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<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>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. There is a PCCP summary completed which forms the discussion for a case conference held with the resident and family enabling them to have involvement in the evaluation process. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being reviewed and progress evaluated as clinically indicated were noted for wounds and infections. When necessary, and for unresolved problems, long term care plans are added to and updated; this was observed in the case of a chronic wound.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service uses a house GP, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the dietitian and cardiovascular service. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as</p>

<p>appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>sending the resident to the emergency department in an ambulance if the circumstances dictate.</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>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. All cleaning, laundry, maintenance, and kitchen staff have completed training in the safe handling of chemicals, this included eleven staff attending training on 23 March 2021 with the product supplier. Individual training is provided for new staff when required by the external company contracted to supply all chemicals and cleaning products. The chemical supplier also reviews how the products are being used in the cleaning, laundry and catering services on a monthly basis and provides a report. The safe handling and use of chemicals is also included in the orientation and ongoing education programme for all care staff and registered nurses.</p> <p>Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. There is a spill kit readily available.</p> <p>There is provision and availability of appropriate protective clothing and equipment, and staff were observed using this.</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>	<p>FA</p>	<p>A current building warrant of fitness (expiry 1 December 2021) was publicly displayed.</p> <p>Awatere care suites is a three-storey building. Elevators and stairs go between all floors. The majority of the footprint on each floor is the same, with some variations related to the staff room/offices, the meeting room, and some resident communal areas including the café on the ground floor.</p> <p>Contractors have a health and safety (H&amp;S) induction each visit and records are retained.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment, calibration of bio medical equipment (June 2021) was current as confirmed in documentation reviewed, interviews with the maintenance manager, as well as observation of the environment. The call bells were reviewed by the installer in March 2021. This is reported to be an annual review. The environment was hazard free, residents were safe, and independence was promoted in all areas.</p> <p>All residents' care suites are single occupancy and comprise either a one-bedroom suites or studio units. There is a ceiling mounted hoist in each bedroom area. These were most recently assessed/maintained by the installer in June 2021. There are three rooms that can be used for the care of two residents (a couple). There is one dual occupancy room in use. All rooms have sufficient space and call bells are</p>

		<p>present at each bed and in the lounge area.</p> <p>External areas were safely maintained and appropriate to the resident groups and setting. There is an internal courtyard on the ground floor. Each resident has a small deck or private courtyard off their care suite.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they were happy with the environment. There is a maintenance request book on each floor. This demonstrated that maintenance requests were completed the same day or within 24 hours.</p> <p>The facility vehicle has a current registration and warrant of fitness, and this is monitored.</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>Each resident's care suite has an ensuite bathroom that includes a toilet, wet area shower and a handbasin. There is a large wet area shower with shower trolley on each floor. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories according to individual requirements, are available to promote residents' independence. There is a staff toilet and two visitor toilets on each floor.</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>Adequate personal space is provided to allow residents and staff to move around within their bedrooms and care suite safely. All except one care suite/unit is currently single occupancy, although three rooms can be used for two residents if required. One suite currently has two residents. Furniture is provided in each suite; however, residents can use their own if they want. Rooms were personalised with furnishings, photos and other personal items displayed.</p> <p>There are areas for the storage of other equipment including mobility aids, wheelchairs and clinical consumables. Staff and residents reported the rooms are spacious, with space for personal possessions and mobility equipment.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	FA	<p>Each floor has its own lounge and dining area. There is a small quiet space 'nook' with two chairs at the end of each corridor. There are 'resting chairs' halfway along the long corridors. All meals are prepared in the main kitchen on the ground floor.</p>

<p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>There is a café on the ground floor, and a hairdressing salon, a gymnasium and library area also on site.</p> <p>All dining and lounge areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs. Communal areas are also used for the activities programme and for residents' individual activities. Residents and family members interviewed confirmed the facility is well maintained and 'homely'.</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>	<p>FA</p>	<p>Some laundry is undertaken onsite by a laundry staff 72 hours a week over seven days. Services provided includes laundering residents personal clothing, 'kylies', blankets and housekeeping supplies. Towels and sheets are outsourced to an external supplier and collected and returned three days a week. The service is currently trialling laundering towels on site. A quality improvement project has been initiated to ensure the weight of linen bags are nine kilograms and under (refer to 1.2.4). Residents' personal linen is named. Each resident has two laundry bags. The personal laundry of each resident is collected and returned twice a week according to a schedule.</p> <p>There are designated cleaning staff with between three and six staff on duty each day including weekends, and a housekeeping supervisor works weekdays. The housekeeping and laundry staff have received appropriate training including chemical safety use provided by the chemical supplier. Chemicals were stored securely and were in appropriately labelled containers. A chemical auto-dispenser is utilised. A cleaning schedule details the tasks to be completed, frequency and product to be used. Cleaning and laundry processes are monitored through, the internal audit programme with a high level of compliance noted, resident meetings, and the resident satisfaction survey.</p> <p>Residents and family interviewed reported their laundry is managed well and their clothes are returned in an acceptable timeframe, and the facility is kept clean 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>Policies and guidelines for emergency planning, preparation and response are available and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. A flip chart is present as a quick reference in each nursing station.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service on 27 May 2019 (EVAC-2019-394942-01). A trial evacuation takes place six-monthly with the most recent being on 23 February 2021. The new staff orientation programme includes fire, emergency and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food for up to three days, 5000 litres of water, with the content kept fresh, blankets/duvets, batteries, continence supplies,</p>

		<p>disposable cutlery and plates, light sticks, water purification tablets, a first aid kit, and gas cooking, were sighted to meet the requirements for the up to 92 possible residents. There is a connection to the care home to enable a generator to be connected in the event of loss of power. There is an uninterrupted battery supply (UPS) for emergency lighting and this is regularly tested. The civil defence supplies are stored appropriately and checked against a contents list six monthly. There are additional PPE supplies for use in an outbreak.</p> <p>Call bells alert staff to residents requiring assistance. These alert to staff pagers and to ceiling mounted panels. Call bells are present at the bed space and two in the residents' bathroom (near the toilet and shower), and there are call bells in visitor toilets and in communal areas. The call bells escalate to the RNs if the HCAs have not answered within designated timeframes. Residents and family confirmed their call bells are answered in a timely manner with rare exception.</p> <p>Appropriate security arrangements are in place. Surveillance cameras with appropriate signage are installed monitoring internal communal areas, the entrance and some external areas. Images are displayed at reception, and are stored files are accessible by other authorised personal only. Doors and windows are locked at a predetermined time and care staff note they check the security of all doors and windows when they close the window covering in each resident's room at night. The RN double checks later in the shift.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Awatere care suites uses heat pumps for warmth and cooling, with each resident's room having its own. Heat pumps are also present in communal areas. There are central control panels which are currently set between 23-25 degrees Celsius. The maintenance manager advises monitoring the ambient temperature to ensure it is appropriate for the season. Windows throughout the facility provide natural light and are openable with security latches in-situ. All bedrooms have an external door onto a small deck or private courtyard area. All indoor areas were warm and well ventilated throughout the audit and residents and family members interviewed confirmed the facilities are maintained at a comfortable temperature. There is no smoking or vaping on site.</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</p>	<p>FA</p>	<p>Awatere implements an infection prevention and control (IPC) programme to protect residents, staff and visitors from infection and to provide the highest standard of care in line with best practice. The programme is guided by a comprehensive and current infection control manual, with input from appropriate agencies and staff including clinical and quality managers, infection control nurses and other personnel within the facilities operated by Oceania Healthcare, as well as from general practitioners, pharmacists and microbiologists. The infection control programme and manual are reviewed annually (sign off sighted).</p>

<p>appropriate to the size and scope of the service.</p>		<p>An RN is the designated IPC coordinator, whose role and responsibilities are defined in a job description, with support and oversight from the CM who has a post graduate degree in IPC. Infection control matters, including surveillance results, are reported monthly to the business and care manager, the regional clinical and quality manager, nursing and clinical strategy at Oceania national support office. Matters are discussed at monthly IPC committee meetings, which is attended by CM, RN, and representatives from kitchen, housekeeping, maintenance and health care assistants.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> <p>During periods of Covid-19 restrictions guidelines were followed from the Oceania national support office (guided by the Ministry of Health) and passed on to staff in all departments in writing. QR codes and sign in books were available for contact tracing inside the main entrance.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control nurse has access to relevant and current information, appropriate to the size and complexity of this service. Infection control is an agenda item at the facility's staff meetings, evidenced during review of meeting minutes and interviews with staff. The internal audit programme includes infection control audits to monitor the implementation of the infection control programme. The IPC coordinator has completed online training in the last twelve months as verified in training records and is supported by the CM.</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</p>	<p>FA</p>	<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 personnel, stored in the nurses' station in hard copy and online. The infection control policies and procedures are developed and reviewed regularly in consultation and with input from relevant staff and Oceania support office (March 2021).</p>

the type of service provided.		
<p><b>Standard 3.4: Education</b></p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control education is provided to all staff and forms part of staff orientation and education which occurs as part of the ongoing in-service 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. The infection control staff education is provided by the CM. Additional education has been held covering pandemic management, donning and doffing personal protective equipment as recommended for Covid-19.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</p>
<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the IPC committee and support office. Data is benchmarked externally within the group and benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p> <p>There have been no outbreaks since the last audit.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures (last reviewed and updated in March 2021) provide guidance on the safe use of both restraints and enablers. Enablers are only used when competent residents request, to aid freedom of movement. There were no enablers in use at the time of audit. The service is halfway through a one-month trial with one resident to assess if enablers (a lap belt and chair briefs) can be permanently discontinued. Staff note the trial is progressing well, there have been no untoward events and ongoing use of enablers will likely discontinue permanently. Consent for the use of enablers is present in the resident's file.</p> <p>The restraint coordinator (since January 2021) is a registered nurse who is allocated an hour per week to undertake the restraint minimisation activities, and the position responsibilities are documented. Staff</p>

		<p>interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. Training on the use of restraint and enablers is included in the orientation and ongoing education/staff knowledge assessment programme.</p> <p>There were no residents using restraints during audit. The restraint register and staff interviews confirmed there has been one resident with restraint used (bedrails with cover) which was discontinued in April 2021 when the resident transferred to another facility. The restraint register included copies of this resident's assessment and consent signed by a family member, a GP and the restraint coordinator. The resident's paper-based record has been archived off site, and their electronic record 'locked' as the client is no longer receiving services, so other aspects of restraint use were unable to be reviewed with the restraint coordinator and the clinical manager.</p> <p>There are two monthly restraint committee meetings on site (most recently 5 July 2021), where restraint use is monitored, staff training and needs evaluated, compliance with policy reviewed, and any adverse events (if applicable) associated with restraint are discussed. The three last restraint meeting minutes identify those evaluations have occurred of restraint use in accordance with the organisation's policy, staff are appropriately trained, and there have been no adverse events at Awatere care suites associated with the use of restraint. Care staff interviewed were aware of the difference between restraints and enablers and discussed the monitoring requirements of residents in the event restraints are in use.</p> <p>There is a national restraint ministration meeting which occurred during the national clinical governance committee meeting on 13 May 2021. This committee monitors the use of restraint across all Oceania facilities per quarter and the stated intention is working towards having 'zero restraint'.</p>
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## Specific results for criterion where corrective actions are required

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Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.12.1 Consumers have access to visitors of their choice.	CI	Due to the nationwide lockdown visiting of family members was restricted creating a huge gap in the residents' lives. The leisure team initiated a project that gave purpose and stimulation to the residents and strengthened family ties.	Continuous improvement was evident in relation to maintaining links to the family by the recording of residents' being videoed reading stories for great grandchildren/grandchildren, which were sent out during lockdown. Evaluation occurred through resident and family feedback which was positive, stating that it provided stimulation to residents and a sense of purpose during lockdown as well as maintaining contact with loved ones and creating memories and a lasting legacy.

End of the report.