

Oceania Care Company Limited - Elderslea Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Elderslea Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 3 August 2021 End date: 4 August 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:	119

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elderslea Rest Home is owned and operated by Oceania Health Care Group (Oceania) and is situated in Upper Hutt. They provide rest home, hospital and dementia level care for up to 123 residents. The facility is managed by a business and care manager supported by a clinical manager. Since their last audit, a guest services manager has been employed to oversee, among other things, the care suites. Three new charge nurses have also been appointed. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board (DHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, the Oceania nurse practitioner, and a local general practitioner.

A strength of this organisation is the teamwork, to ensure residents get the care they require. At the last audit, a partial provisional audit, two areas were identified as requiring improvement; both of these are now closed. This audit has resulted in one area identified as requiring improvement related to care plans reflecting residents' required needs.

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.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

A complaints register is maintained and shows complaint management meet the requirement of the Code and complainant.

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.

Oceania Healthcare provide the governance structure and processes for business, quality and risk management, including the scope, direction, goals and values for their organisation. The electronic monitoring of the services provided allows timely effective reporting to managers, regional managers and to the governance committees through to the board.

Regional managers, business and clinical, provide oversight and support to the facility business and care manager and clinical manager with regular meetings occurring. An experienced and suitably qualified person manages the facility

The quality and risk management system includes:

- audit activity

- collection and analysis of quality improvement data, including clinical indicators and benchmarking activity
- a range of staff meetings with minutes documented
- identifying issues and opportunities where improvements can be made
- residents and family satisfaction surveys
- documentation of adverse events and staff accidents with corrective actions implemented
- an Elderslea Rest Home health and safety risk register which details actual and potential risks and mitigation strategies
- policies and procedures which support service delivery and are reviewed regularly.

The appointment and management of staff is based on current good practice. A systematic approach to the delivery of orientation and ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix levels are determined to meet the changing needs of residents.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a range of information. Short term care plans are developed to manage any new problems that might arise. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is good.

The planned activity programmes are provided by four activities coordinators. The programmes provide residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The nutritional services have a Food Safety Plan which has had a verification audit this year.

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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There is a current Building Warrant of Fitness which is on display at the entrance to the facility.

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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Elderslea Rest Home has implemented the Oceania policies and procedures that support the minimisation of restraint. There has been no documented restraint recorded at Elderslea for some time. No residents were using enablers at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

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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Aged care specific infection surveillance is undertaken, with data analysed, trended, and benchmarked. Results are 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)
Standards	0	16	0	0	1	0	0
Criteria	0	39	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>Oceania has a complaints policy and form which 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. Forms were sighted for residents, family and visitors to complete if they had an issue. Staff were aware of the process and form availability.</p> <p>The complaints register reviewed showed that 13 complaints had been received in 2020 and nine so far in 2021. Documentation on each complaint showed the actions taken, through to an agreed resolution, being completed within the timeframes required. A documented action plan is part of the process, and these showed any required follow up and improvements have been made where possible. The business care manager (BCM) is responsible for complaints management and follow up.</p> <p>No complaints have been received from the Health and Disability Commissioner's (HDC) office or other external body.</p>
Standard 1.1.9: Communication Service providers communicate	FA	<p>Residents and family members of residents stated they were kept well informed about any changes to their own or their relative's status. They were advised in a timely manner about any incidents, accidents, changes, and any medical reviews. This was supported in records reviewed. There was evidence of resident/family input into the care planning process.</p>

effectively with consumers and provide an environment conducive to effective communication.		<p>Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Interpreter services can be accessed via the Hutt Valley District Health Board (HVDHB). Staff assist residents to read articles to residents if the print is too small. A resident with English as a second language uses cards the family have created to assist staff to understand what the resident requires. The resident's family are available to interpret if needed. Stability of staff in the area ensures staff are familiar with this resident's daily routines and needs.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Oceania Healthcare set the strategic direction of the organisation and annual plan which sets out the purpose, drivers, values, strategy and outcomes. The regional managers have weekly calls and meet with the BCM and clinical manager monthly to provide reports to the Clinical Governance Group (CGG). Any issues go to the board where appropriate. The electronic reporting system allows adequate information for senior management to see the ongoing facility's performance in real time for financial, occupancy, a list of clinical indicators, incidents and complaints.</p> <p>The service is managed by a BCM, who a registered nurse, and has been in health management for many years and in the aged care sector for 13 years. They have post graduate qualifications in health management and business studies and have been in their present role for two and a half years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. A delegated authorities policy guides financial and human resource responsibilities. The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through the New Zealand Aged Care Association (NZACA), the Residential Village Association (RVA) conferences, newsletters, DHB meetings as well as Oceania internal updates.</p> <p>The service holds contracts with the Hutt Valley DHB and has facilities for a maximum of 123 residents, with 20 dementia level beds, 35 rest home level beds and 68 dual purpose beds, including 25 occupational right agreement (ORA) care suites. On the day of the audit there was an occupancy of 119 residents. This was made up of: 54 residents requiring rest home level of care; 40 residents requiring hospital level of care; and 20 residents requiring dementia level care. There was one resident under young people with physical disabilities (YPD) contract and two respite care awaiting confirmation by the DHB of longer term care and two residents non-assessed paying privately. The care suites and sixty five rooms with ensuites or shared toilet shower are deemed as the premium rooms.</p>
Standard 1.2.3: Quality And Risk Management	FA	<p>Oceania has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes an annual auditing calendar, management of incidents and complaints, regular residents' satisfaction surveys and family surveys, monitoring of outcomes and clinical indicators, including wounds, urinary tract infections, falls and pressure injuries. The BCM provided a copy of the Elderslea annual service goals for eight key</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>areas for the facility. Progress against these areas is monitored and discussed with the regional manager.</p> <p>A review of a selection of meeting minutes reviewed, from staff meetings, health and safety, registered nurse and quality confirmed regular reporting and discussion on and analysis of quality data including clinical indicators, incidents and complaints. Staff reported their involvement in quality and risk management activities through health and safety. Corrective action processes are in place within the minutes of meetings and audit activity reports, incidents and complaints and showed issues being address until resolution. Continual clinical initiatives were being undertaken. Two examples reviewed were the care partnership with residents and their key family support persons, and the communication with families using the 'introduction, situation, background, assessment, recommendation' (ISBAR) framework that is being developed.</p> <p>Regular residents' satisfaction surveys (six monthly) and meetings are occurring (two monthly). The surveys showed a high level of satisfaction. Oceania support office undertake a 'Welcome call' contacting family members a few months after their family member's admission to gauge how the new resident is settling in and identify any issues. A sample showed good feedback, with a few issues raised. The BCM spoke positively of the feedback which allowed the service to work on areas for improvement with the families.</p> <p>Benchmarking with other Oceania facilities and with other national residential facilities is occurring.</p> <p>Oceania policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. The BCM stated there were no facility specific policies. The document control system outlines a systematic and regular review (two yearly) process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>Oceania has a strategic risk register. This was not sighted during the audit. The BCM described the processes for the identification, monitoring, review and reporting of risks, related to health and safety (hazards) and development of mitigation strategies. Review of the health and safety risk register confirmed the process. The manager is familiar with the Health and Safety at Work Act (2015) and how to implement requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected</p>	<p>FA</p>	<p>Staff document patient adverse and near miss events via the electronic system and staff accident/incidents via a form, and these are then transferred to the electronic system. This year there has been 295 incidents and near miss events recorded. A sample of incidents reviewed showed the processes are being followed, including investigated, action plans developed and actions followed-up in a timely manner. All but one of the six events reviewed had documented evidence of the family member being informed in a timely manner.</p> <p>Adverse event data is collated, analysed and reported to a range of meetings including the quality meeting. The electronic system can be accessed by the regional and senior managers. There is a list of events which must be escalated to senior managers promptly.</p> <p>The BCM described essential notification reporting requirements, including for pressure injuries to the Ministry and</p>

consumers and where appropriate their family/whānau of choice in an open manner.		Worksafe requirements. They advised there had been one notifications of significant events made to the Ministry of Health, since the previous audit. Review of this showed good management.
<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. The recruitment process includes curriculum vitae (CV), interviewing, visa checking, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of nine staff records reviewed (two RNs, clinical manager, three health care assistants, the cook, cleaner and an administrator) confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>All health professionals involved in resident care had current annual practising certificates.</p> <p>Staff induction and orientation follows the Oceania process, includes all necessary components relevant to the organisational and role, including medication competency. Staff reported that the orientation process was appropriate for the role. A spreadsheet reviewed showed documentation of completed orientation.</p> <p>Oceania has an annual education plan, including listed mandatory training requirements. All RNs and a number of health care assistants have undertaken first aid training. Evidence was sighted of care staff undertaking the various levels of the New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. An RN is the facility assessor for the programme. The BCM stated they work towards having all RNs interRAI competent, but due to changes in the workforce they presently have nine out of 19 competent. An Excel spreadsheet provided showed staff have completion of the required training, including staff working in the dementia unit undertaken required training.</p> <p>Annual staff appraisals are occurring, with 116 out of 128 staff having a current appraisal (91.3 percent). Examples were confirmed in the files reviewed.</p> <p>An area for improvement was raised at the last audit, a partial provisional audit, related to training of staff on a new hoist system. The training has now been undertaken and is part of orientation.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	FA	<p>The Oceania policy outlines the key factors which determine staffing levels, including occupancy, resident dependency and acuity and is to be reviewed at least annually. The BCM spoke of the roster methodology which has seen the development of a two week template for each service area. These are then reviewed by the area charge nurse and changes made as required, for example for leave or study. There is a charge nurse on duty each morning seven days a week, in each area (care suites/hospital, dementia, rest home) and in addition at least one RN on each duty. Healthcare assistants (HCA) numbers are rostered depending on the resident mix in each area. Rosters are produced four weeks in advance; the union agreement is two weeks.</p>

<p>qualified/skilled and/or experienced service providers.</p>		<p>The facility has been experiencing staffing issues related to employing registered nurses (RNs) and filling all the healthcare assistant numbers due to sickness and other unplanned situations. To manage this, staff have been reprioritising work, staff have been working extra duties, including double shifts and long hours. The clinical manager and guest service manager has been working on the floor. Five weeks of rosters were reviewed (the past four weeks and the present week). These showed that an RN was on duty for all shifts, to meet the DHB contract requirements, and this was confirmed by the BCM and clinical manager. The clinical manager and BCM spoke of two RNs being orientated and one overseas RN presently in managed isolation, with a further entering managed isolation in the next few weeks. The BCM is reporting on staff shortages to the national office. These reports identified from 19 July to 1 August that they had been unable to fill HCA shortages on 14 shifts during this period. They are currently recruiting for further HCAs to increase the casual pool, but no suitable applicants have been found. At least two staff members on duty have a current first aid certificate and some HCAs have completed medication competency to assist RNs in this area.</p> <p>Afterhours, there is a roster of charge nurses (seven) who are on-call as well as the BCM and clinical nurse manager being available to support staff if needed. Staff reported workloads are heavy at times, but they work as a team to meet the requirements of the residents and are being well supported by managers.</p> <p>Residents and family interviewed stated staffing met their needs on the whole but had noticed that staff were stretched and not as responsive presently.</p> <p>The care suites are situated in a wing of the building and staffed to meet the residents' needs.</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>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. 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. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p>

		<p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the electronic medicine chart.</p> <p>There was one resident who self-administers a medication at the time of audit. Processes are in place to ensure this is managed safely.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for analysis of any medication errors. Compliance with this process was verified.</p> <p>Standing orders are not used at Elderslea.</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 at Elderslea is provided on site. The Oceania winter menu was revised in March 2021 based on feedback from residents and regional cluster meetings, review against Dieticians New Zealand food services and the results of a nutrition audit 2020. The menu complies with the MOH nutritional guidelines for older people, and the International Dysphagia Diet standardisation initiative.</p> <p>An updated food control plan is in place at Elderslea. A verification audit of the food control plan took place on 19 May 2021. Recommendations were made for two areas, both of which have been signed off as now meeting the requirements. The plan was verified until May 2022.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cooks and all kitchen staff have undertaken a safe food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available. Residents in the dementia unit have access to sandwiches and other snacks at all times. This was confirmed by staff in the area and sighted in the unit.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. There are dining rooms available in each care area for residents to eat. Residents in all areas were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Except for that referred to in criterion 1.3.3.4, progress notes, observations, and interviews verified the care provided to residents at Elderslea was consistent with their needs. The attention to meeting a diverse range of resident's individualised needs was particularly evident in all areas of service provision.</p> <p>The GP and NP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. The NP identified that since her employment, clinical staff had improved in their ability to recognise the deteriorating resident. The NP meets every two weeks with the charge nurses and CM, to review residents.</p> <p>Care staff confirmed that care was provided as outlined in the progress notes and via verbal orders. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>An initiative implemented by the NP, involves a multidisciplinary meeting being held every month at Elderslea with a specialist team from HVDHB. The team includes a geriatrician, psycho-geriatrician, clinical pharmacist, hospice clinical nurse specialist, the NP, and the GP. The meeting discusses any residents of concern and is aimed at supporting Elderslea and preventing admissions to the HVDHB. No evidence was sighted to evaluate the effectiveness of this initiative at the time of audit.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme at Elderslea is provided by four permanent activity coordinators and two casual activities assistants. The audit process identified the activity requirements at Elderslea are appropriate to the residents' needs.</p> <p>The activities programme in the secure unit is overseen by the diversional therapist from a sister site nearby. The programme in the secure unit is offered seven days a week, and the programme is specifically designed for the unit. Each resident in the secure unit has a 24-hour care plan that addresses residents' 24-hour needs, including activities.</p> <p>There are three other activities programmes offered, six days a week, one in the care suites, one in the hospital and one in the rest home. Some activities (eg, the weekly concert) includes all residents.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. The activities care plan is created that identifies the residents' goals, desires, and ongoing needs. The activities programme is formulated based on the assessment findings. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted for each area matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included walks, exercises, men's groups, games, 'housie', art, puzzles, Tai Chi, van trips, visiting entertainers, quiz sessions and daily news</p>

		<p>updates. An 'I love music' initiative implemented by Oceania Healthcare operates at its Elderslea site. Residents who love music are enabled to have an MP3 player loaded with music of their choice to listen to using earphones. Community groups visit Elderslea on a regular basis.</p> <p>The activities programme is discussed at the monthly residents' meetings and meeting minutes indicated residents' input on activities is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activity programme provided. Residents and family members of residents at interview confirmed they find the activity programme is diverse and meets their/their relative's needs.</p> <p>There is a comprehensive library resource, jigsaws, and games accessible to residents of Elderslea. Internet access is available to residents throughout the facility.</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>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the care provided.</p> <p>Short-term care plans were consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated. Wound management plans were evaluated each time the dressing was changed. Pain medication was monitored for effectiveness and changed when it was not achieving the desired result.</p> <p>Residents and families/whānau when interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness (BWof) is in place until the 31 August 2021 and monitoring to meet the requirements of the certificate is occurring. The certificate was publicly displayed in reception.</p> <p>The BCM stated that no building changes had occurred to require a review of the BWof and this was confirmed by observations.</p>
Standard 1.4.5:	FA	There are a range of lounges and dining rooms around the facility. In the dementia unit there are areas for residents

Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		to sit together and small group spaces. These areas are used for activities as well as for visitors to meet with residents. An area for improvement was identified at the last audit (a partial provisional audit), related to there being no curtains on the windows of the care suite lounge and dining room areas. These were seen as being in place during this audit.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>Surveillance of infections at Elderslea is appropriate to that recommended for long term care facilities.</p> <p>Infection definitions reflected a focus on symptoms rather than laboratory results. These included urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections.</p> <p>When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control nurse (ICN) reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers. Evidence was sighted of a very low number of infections at Elderslea.</p> <p>A recent gastrointestinal outbreak in July resulted in 11 residents and two staff being unwell. Norovirus was not identified as a factor. All outbreak management processes were implemented. One resident with scabies was identified in June, and all close contacts were treated prophylactically, and the infection was contained.</p> <p>A good supply of personal protective equipment is available. Elderslea has processes in place to manage the risks imposed by Covid-19.</p> <p>All residents and staff who have consented to being vaccinated against Covid-19, have been fully vaccinated.</p>
Standard 2.1.1: Restraint	FA	Elderslea follow the Oceania policies and procedures for restraint minimisation. These meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and

<p>minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>enablers.</p> <p>The clinical manager is also the restraint coordinator and stated no restraint or enablers had been in use since 2019. It was observed that one resident was in a position which hindered their free movement. In discussions with staff and the manager it was agreed that a relative had left the person in this position and it was not observed again during the audit. The clinical manager would provide support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>Restraint minimisation is part of the quality and RN monthly meeting templates. Restraint use is a clinical indicator which is reported electronically monthly. Restraint is discussed as part of the national clinical governance group meetings and these minutes are available to the clinical leader.</p>
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.	PA Moderate	<p>Of eight resident files reviewed, three of the care plans in place described in detail the care the resident required to meet their needs, while the other five did not have care plans in place that detailed the care the residents required to meet their needs. Two residents admitted for respite care, had a range of initial assessments completed, the day of admission. The interim care plan detailed via a tick sheet, residents' generalised needs (eg, falls risk, requires assistance, wound care), however did not include any interventions describing how to address these needs. The plan made no reference to the nursing strategies required to address the residents' associated medical needs and potential problems.</p> <p>Three residents' long term care plans had not been updated to reflect changing needs, in relation to comfort cares, a palliative approach and an acute event, and what the nursing plan was to manage these. Interviews with the clinical manager and charge nurses related the lack of documentation to the ongoing RN shortage.</p> <p>Despite the care plans not having the documentation in place, interviews,</p>	Care plans do not always accurately reflect the nursing interventions required to address the residents' needs and ensure continuity in the care provided.	Provide evidence the care plans reflect accurately the residents' need and required interventions to ensure continuity of care.

		observations, and documentation did provide evidence the residents were receiving the care required		180 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.