

# Oceania Care Company Limited - The Oaks Rest Home and Village

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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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	The Oaks Rest Home and Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 11 August 2021 End date: 12 August 2021
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	93

# 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

The Oaks Rest Home and Village provides rest home and hospital level care for up to 105 residents.

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 the review of policies and procedures, review of residents' and staff files, and observation and interviews with residents, family members, managers, staff, a physiotherapist, and a general practitioner.

The residents and family members spoke positively about the care provided.

This audit has resulted in two continuous improvement ratings in relation to continually improving the quality of services and human resources. There were no areas requiring improvement identified.

## 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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Oceania Healthcare Limited is the governing body and is responsible for the services provided at this facility. The mission, vision and values of the organisation are documented and communicated to all concerned. There are systems in place for monitoring the services provided, including regular monthly reporting by the business and care manager to the Oceania national support office.

The facility is managed by an experienced and qualified business and care manager who is a registered nurse with aged care experience. They have been in this position since March 2018. The clinical manager is responsible for the oversight of the clinical services in the facility.

There is an internal audit and quality programme. Risks are identified, and a hazard register is in place. Adverse events are documented on accident/incident forms. Facility meetings are held where there is reporting on various clinical indicators, quality and risk issues, and discussion on identified trends. Graphs of clinical indicators are available for staff to view along with meeting minutes.

There are policies and procedures on human resources management. A mandatory education programme is provided for staff.

There is a documented rationale for determining staffing levels and skill mixes to provide safe service delivery that is based on best practice.

Resident information is entered into a register in an accurate and timely manner. The privacy of resident information is maintained. The name and designation of staff making entries in clinical files are recorded and legible.

## 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, 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 building has a current building warrant of fitness is displayed. There is a reactive and preventative maintenance programme, and this includes equipment and electrical checks. Fixtures, fittings and floor and wall surfaces are made of suitable materials for this environment.

Residents' bedrooms are of an appropriate size for the safe use and manoeuvring of mobility aids, and to allow for care to be provided. Lounges, dining areas, and sitting alcoves are available for residents and their visitors. External areas and gardens are safe for residents to mobilise around.

A call bell system is available to allow residents to access help when needed. Security systems are in place with regular fire drills completed.

Protective equipment and clothing are provided and used by staff. Chemicals are safely stored. The laundry service is conducted off site apart from some residents' personal clothes which are cleaned on site. Cleaning of the facility is conducted by household staff and monitored for effectiveness.

## 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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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. On the day of the on-site audit there were no restraints. Restraint is only used as a last resort when all other options have been explored. Enablers are voluntary with one resident was using bedrails as a voluntary enabler.

Staff receive education relating to the use of and management of restraints and enablers.

## 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.

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	2	91	0	0	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<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>The Oaks Rest Home and Village 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.</p> <p>Clinical files reviewed show that informed consent has 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.</p> <p>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 and contact information is printed on the bottom of the complaint form.</p> <p>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>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>Policies and procedures relating to complaints management are compliant with right 10 of the Code. Systems are in place that ensure residents, and their family are advised on admission to the facility of the complaint process and the Code. The complaints forms are displayed and accessible within the facility. Staff interviews confirmed their awareness of the complaints processes. Residents and families demonstrated an understanding and awareness of these processes.</p> <p>The business and care manager (BCM) is responsible for complaints management. A complaints register is maintained. The register noted five complaints in 2021, all are closed. One related to a human resources matter and was investigated by the Health and Disability Commissioner's office and closed. This is currently still under investigation by the police. All required authorities have been notified and a section 31 notification completed.</p> <p>There are no complaints currently with any other external agencies.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<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 areas in both buildings together with information on advocacy services, how to make a complaint and feedback forms. The admission pack has information on the facility, services available, such as hairdresser, laundry, mealtimes, how to order a newspaper, how to make a complaint, the Code and Advocacy Services. The Advocacy Service has held education sessions for the residents, as seen documented in residents' meeting minutes.</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>	<p>FA</p>	<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>The Oaks Rest Home ensures that each resident has the right to privacy and dignity. The residents' own personal belongings are used to individualise their care suites/rooms. There are two shared rooms, occupied by married couples. Spaces are available for private conversations and patient information was maintained in the computer with staff having unique login to access.</p> <p>The residents and family members interviewed confirmed they were treated with respect. Health care assistants (HCA) were observed knocking on bedroom doors prior to entering, doors and curtains 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 were 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 and that the organisation has a zero tolerance policy for such behaviour.</p> <p>Staff are clear about professional boundaries and ethics that inform their behaviour when interacting with residents. A staff code of values and conduct booklet was 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 residents' abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social</p>

		needs, values and beliefs had been identified, documented and incorporated into their care plan.
<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 respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were no residents who identified as Māori on the day 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.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>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.</p> <p>Staff are educated as part of the mandatory education provided on cultural safety and cultural appropriateness.</p> <p>Cultural activities are included in the activities programme to celebrate the cultures represented. Church services are available to residents and their families.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe.</p> <p>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>
<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, hospice/palliative care team, wound care specialist, psychogeriatrician and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p>

		Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>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 multi-cultural staff being able to provide interpretation as and when needed.</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>The Oaks Rest Home and Village (The Oaks) is part of the Oceania Healthcare Limited (Oceania). The Oceania executive team provides support to the facility with the regional clinical and operations manager providing the support during this on-site audit. The BCM provides the executive management team with monthly progress against identified indicators. Oceania has an overarching business plan, and The Oaks has a business plan specific to the facility.</p> <p>Posters observed at the entrance of the facility and information booklets available for residents, staff and family include the organisation's mission statement, values, and goals.</p> <p>The service is managed by a BCM who has been in this role since March 2018. The BCM is a registered nurse (RN) and has had previous management experience in residential care facilities. Responsibilities and accountabilities are defined in a job description and individual employment agreement.</p> <p>The BCM is supported by a clinical manager (CM) who has been in the role since February 2019. The CM is an RN with experience in aged residential care.</p> <p>The facility can provide care for up to 105 residents, with 93 beds occupied at the audit.</p> <p>This included:</p> <ul style="list-style-type: none"> <li>- 54 residents requiring rest home level care, with 23 under an occupational rights agreement (ORA).</li> <li>- 35 residents requiring hospital level care, with 12 under an occupational rights agreement (ORA), and three under 65 years of age under a long-term care contract.</li> </ul>

		- two under an end-of-life hospital level care contract.
<p><b>Standard 1.2.2: Service Management</b></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>When the BCM is absent, the CM carries out all the required duties under delegated authority, with support from the regional operations manager and the regional clinical manager. For an extended period of leave of the BCM, a relief BCM would be assigned the responsibility, as confirmed at management interviews. If the CM is on leave, a senior registered nurse (RN) would have oversight of clinical care.</p> <p>Staff reported the current arrangements works well.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The Oaks uses the Oceania quality and risk management system that reflects the principles of continuous quality improvement. A continuous improvement has been awarded related to the effectiveness of the corrective action process has resulted in increased opportunities for improvement of services, outcomes, and service delivery.</p> <p>The Oceania management group reviews all policies with input from internal experts. Policies reviewed cover the necessary aspects of the service and contractual requirements, including reference to the interRAI long-term care facility (LTCF) assessment tool and process. Policies include references to current best practice and legislated requirements. New and revised policies are introduced to staff at staff meetings and policy updates are also presented as part of relevant in-service education. Staff interviewed confirmed that they are alerted of new and revised policies and receive opportunities to read and understand these policies.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, key performance indicators, and implementation of an internal audit programme.</p> <p>The internal audit programme is documented and implemented as scheduled. Internal audits cover all aspects of the service and are completed by the BCM or CM. Audit data is collected, collated, and analysed at the facility. Results are reported on the electronic system which can be viewed by the Oceania national support office. Interviewed staff reported that they are kept informed of audit activities and results at staff meetings.</p> <p>Satisfaction surveys for residents and families are completed as part of the internal audit programme on a six-monthly basis. Interviews with staff, residents, and family confirmed a satisfaction survey was taking place at the time of audit. Survey forms were observed to be available within the facility. The March 2021 survey had been collated and analysed and communicated to staff, family, and residents as evidenced in meeting minutes and</p>

		<p>interviews.</p> <p>Facility meetings are conducted, for example, general staff and quality initiative meetings, RN meetings, household staff meetings and kitchen staff meetings. Minutes of meetings evidenced communication with staff around aspects of quality improvement and risk management.</p> <p>Clinical indicators are collated monthly and benchmarked against other Oceania facilities.</p> <p>The Oaks has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There was evidence of hazard identification forms completed when a hazard was identified. The BCM is responsible for maintaining the hazard register. The BCM and the maintenance personal are the health and safety officers.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff understood the adverse event reporting process and were able to describe the importance of recording near misses. Staff are documenting adverse, unplanned or untoward events on an electronic accident/incident form. Incident/accident forms are completed by staff who either witnessed an adverse event or were the first to respond. Accident and incident electronic forms are reviewed by management and signed off when completed. The RNs undertake assessments of residents following an accident. Neurological observations and falls risk assessments are completed following accidents/incidents as appropriate.</p> <p>Policy and procedures comply with essential notification reporting, for example, health and safety, human resources, and infection control. The BCM is aware of situations in which the service would need to report and notify statutory authorities, including police attending the facility, unexpected deaths, sentinel events, notification of a pressure injury, infectious disease outbreaks, and changes in key clinical managers. Authorities have been notified regarding a complaint (refer to 1.1.13).</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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented and records are maintained.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current. Current certificates were evidenced in reviewed records</p>

<p>requirements of legislation.</p>		<p>for all staff and contractors that require them.</p> <p>Staff orientation documentation sighted included necessary components to the role. Health care assistants (HCA) interviewed identified they are paired with a senior HCA until they demonstrate competency on specific tasks, such as hand hygiene or moving and handling. Staff interviewed reported that the orientation process prepared them well for their role. Staff records reviewed showed consistent documentation of completed staff orientation.</p> <p>A continuous improvement has been awarded related to the internal project on staff retention and reformatting of the orientation programme.</p> <p>The organisation has a documented mandatory annual education and training module/schedule. The mandatory study days of continuing education include infection control, restraint/enabler use, moving, and handling. There are systems and processes in place to remind staff of the required mandatory modules and competencies training dates. Interviews confirmed that all staff undertake at least eight hours of relevant education per year. Staff education records evidenced the ongoing training and education completed.</p> <p>Fourteen RNs including the CM were identified as interRAI competent.</p> <p>Staff files reviewed also showed consistent documentation of annual performance reviews.</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>Staffing levels meet contractual requirements. The BCM and the CM are RNs who are available during weekends and on call after hours and weekends. Adequate on-site RN cover is provided 24 hours a day, 7 days a week. Registered nurses are supported by sufficient numbers of HCAs.</p> <p>There is a documented rationale in place for determining service provider levels and skill mix to provide safe service delivery. Rosters are completed on an electronic system and overseen by the BCM. Rosters sighted reflected that staffing levels meet resident acuity and bed occupancy.</p> <p>Residents and families reported staff provide them with adequate care. Health care assistants (HCA) reported there are adequate staff available and that they are able to manage their work.</p> <p>The ORA units are located within the facility in close proximity to the RNs' office. The residents who are receiving rest home and hospital level care in ORA units have their needs met within the environment in which they live with 24 hour care, and sufficient staffing and availability of RNs to meet their needs in accordance with the aged related residential care</p>

		agreement.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>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.</p> <p>Records were legible with the name and designation of the person making the entry identifiable. The Oaks rest home 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>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. 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 facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<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 about the service and the admission process.</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, assessments in accordance with contractual requirements and signed admission agreements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or 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</p>

		<p>progress notes.</p> <p>An example reviewed of a patient recently transferred to the local acute care facility showed appropriate action was taken. Family of the resident reported being kept well informed during the transfer of their relative.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>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 in each wing.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries in all areas. Specimen signatures and medication competencies were sighted and current.</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 GP review was consistently recorded on the medicine chart. Standing and verbal orders are not used.</p> <p>There were eight residents' who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. The resident interviewed fully understood the reasons for the medication and was confident in managing the task. Storage and documentation were appropriate.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And</p>	FA	<p>The food service is provided on site by a qualified chef, two cooks and a kitchen team, and is in line with recognised nutritional guidelines for older people. The menu follows summer</p>

<p><b>Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>and winter patterns and has been reviewed by a qualified dietitian within the last two years (31 March 2021).</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 and is 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. Meals are cooked on site and transported in preheated bain-maries to the three dining rooms where it is served by kitchen staff. A recent food control plan audit showed full compliance.</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. The chef explained that feedback is provided when he goes out and discusses the changes in the new season menu. Any resident who loses weight is seen by the chef to confirm favourite foods so these can be provided. A quality initiative has seen the development of a food focus group (refer 1.2.3) which has seen increased satisfaction of meals. 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><b>Standard 1.3.2: Declining Referral/Entry To Services</b></p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<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.</p> <p>If the needs of a resident change and they are no longer suitable for the 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.</p> <p>There is a clause in the access agreement related to when a resident's placement can be terminated.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>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.</p> <p>All residents have current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions.</p> <p>Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>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.</p> <p>Files reviewed evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations either written in the progress notes or scanned into the files gallery. Any change in care required was verbally passed on to relevant staff at handover and documented in progress notes.</p> <p>Residents and families reported participation in the development and ongoing evaluation of care plans with discussions held six monthly at multidisciplinary meetings.</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>	<p>FA</p>	<p>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.</p> <p>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.</p> <p>A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity</p>	<p>FA</p>	<p>The activities programme is provided by two qualified diversional therapists covering six days a week. A monthly meeting is used to plan a varied and interesting programme and to discuss and brainstorm ideas for any residents of concern. A calendar of events is posted in</p>

<p>requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>each residents' room, and they are encouraged to book early for outings to ensure a seat is available. Activities were varied and suited for the residents' abilities. Interactions and competitions are held with local rest homes.</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.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered including interaction with other local rest homes.</p> <p>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.</p>
<p>Standard 1.3.8: Evaluation</p> <p>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. The tool 'stop and watch' is being introduced and staff are encouraged to complete the forms.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. 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>Residents and families interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner.</p> <p>If the need for other non-urgent services are indicated or requested, the RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the</p>

<p>provided to meet consumer choice/needs.</p>		<p>dietitian, wound nurse specialist and older persons health. The resident and the family are kept informed of the referral process, as verified by documentation and interviews.</p> <p>Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency 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>There are policies and procedures in place for the management of waste and hazardous substances. The supplier of chemicals has conducted staff training and education on the use of chemicals. Safety data sheets were available and accessible for staff. Staff reported they have received training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment appropriate to the risks associated with waste or hazardous substances being handled are provided and being used by staff.</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 is displayed.</p> <p>There is a preventative and reactive maintenance programme in place. Staff are aware of the process for reactive maintenance requests to ensure timely repairs are conducted. This was confirmed at staff and maintenance interviews. The maintenance staff member is supported in their role by the regional maintenance manager who was present at the audit.</p> <p>Visual observations evidenced the facility and equipment are maintained to an adequate standard. This was confirmed in documentation reviewed and staff interviews. The testing and tagging of equipment and calibration of biomedical equipment is current.</p> <p>The external areas are safely maintained and are appropriate to the resident group and setting. Residents are protected from risks associated with being outside. The garden maintenance is contracted out. The gardens were reported to provide visual enjoyment for residents, staff, and families.</p> <p>Staff interviews confirmed they have appropriate equipment to meet residents' needs. Residents confirmed they can move freely around the facility and that the accommodation meets their needs.</p> <p>The facility has a van that is used for residents' outings, and this meets current legislative requirements.</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>	<p>FA</p>	<p>Bedrooms throughout the facility have a toilet and handbasin or full ensuites.</p> <p>There are adequate numbers of toilets and bathrooms of an appropriate design for residents. Separate toilets are available for staff and visitors. The fixtures, fittings, floors, and wall surfaces are constructed from materials that can be easily cleaned. Toilets and showers have a system that indicates if they are vacant or occupied. Appropriately secured and approved handrails are provided along with other equipment/accessories that are required to promote residents' independence.</p> <p>Hot water temperatures are monitored monthly. When there have been hot water temperatures above the recommended safe temperature, action is taken, and rechecking of the temperature occurs to ensure it is maintained at a safe temperature.</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>	<p>FA</p>	<p>Residents' bedrooms are personalised to varying degrees. Two couples share ORA facilities. One couple has a two-bedroom unit and the other two rooms, with one room set up as a lounge area and the other the bedroom. Residents interviewed reported the current figuration works well.</p> <p>Bedrooms are large enough to allow staff and equipment to move around safely and provide personal space.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is adequate access to lounges, dining areas and sitting areas/alcoves. Residents were observed moving freely within these areas. Residents confirmed there are alternative areas available to them if communal activities are being run in one of these areas and they do not wish to participate in them.</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>Cleaning and laundry policies and procedures are available. Linen and residents' personal clothes are washed off site at another Oceania facility. Interview with the laundry staff member confirmed residents' personal clothes such as woollen clothes are washed on site. There is a dirty to clean flow provided in the laundry. The laundry person described the management of laundry including the transportation, sorting, storage, laundering, and the return of clean laundry to the residents.</p> <p>The cleaner described the cleaning process and the use of chemicals for cleaning purposes.</p>

		<p>There are safe and secure storage areas for cleaning equipment and chemicals and staff have access to these areas as required. Sluice rooms are available for the disposal of soiled water/waste.</p> <p>Handwashing facilities are available throughout the facility with alcohol gels in various locations.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Documented systems are in place for essential, emergency and security services. The fire evacuation scheme for the facility has been approved by the New Zealand Fire Services. The trial fire evacuations are conducted six monthly. The last fire drill was conducted in April 2021. The staff training register evidences all staff have completed first aid training and fire evacuation education.</p> <p>There is emergency lightening, gas for cooking, emergency water supply, and blankets in case of emergency. Emergency equipment accessibility, storage and stock availability is to a level appropriate to the service setting requirements.</p> <p>The call bell system in place is used by the residents, and/or staff and family to summon assistance if required and is appropriate to the resident groups and settings. Call bells are accessible, within reach and are available in resident areas (refer to continuous improvement criterion 1.2.3.8).</p> <p>Staff interviews confirmed security systems are in place and staff are aware of security processes. There are four entrances (driveways) to the facility and three of the four entrances are closed at night. The safety of the rest home and hospital residents residing in ORA units are the same as for the residents under other contracts.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Residents are provided with adequate natural light and safe ventilation. Residents and families confirmed the facility is maintained at a safe and comfortable temperature.</p> <p>An area outside the building is available for both residents and staff who smoke.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The Oaks Rest Home 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 (15 January 2021).</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. Infection control matters, including surveillance results, are reported monthly to the business 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 are attended by the 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.</p> <p>Outbreak kits were available to support the programme and any outbreaks of infection.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control policies and procedures are relevant to the service and reflected 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 with input from relevant staff and the Oceania support office (March 2021).</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control education is provided to all staff and forms part of staff orientation and is 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 and 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>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<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 and scabies. The IPC coordinator and CM 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. A computer programme generates graphs that identify trends for the current year, and comparisons against previous years. This is reported to the IPC committee and the CM and national clinical strategy team. The facility's surveillance data is benchmarked against other Oceania facilities and this information is shared with staff and management. Benchmarking has provided assurance that infection rates in the facility are average for the sector. There have been no outbreaks since the last audit.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. A senior registered nurse is the restraint coordinator. They provide support and oversight for enabler and restraint management in the facility. The coordinator was familiar with restraint policies and procedures.</p> <p>The facility has been restraint free since October 2019.</p> <p>One resident was using bed rails as an enabler voluntarily. Documentation sighted confirmed that the resident chooses to use both bed rails to enable movement in the bed.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of minimisation. Regular training occurs and review of restraint and enabler use is completed and discussed at all quality and staff meetings.</p>

## 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

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
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	CI	<p>The evidence related to retention of staff in the facility (Refer criteria 1.2.7.4 for example, of continuous the improvements in retention of staff).</p> <p>A quality improvement register and a file is maintained. There have been four improvements since 2020. These cover a range of improvements, call bell response, resident meal satisfaction, communication and GP schedule. The rationale and outcome for each improvement is documented. Quality plans are developed for each project for situations that require additional input to achieve the desired outcome. Action plans include the area identified, the actions required, responsibilities, timeframes, and evaluations of the actions taken prior to closure.</p> <p>a) Call bell: The implementation of a new call bell system enabled response times to be monitored. The decision was made to monitor this over a six-month period and give feedback to staff when the response times were over six minutes. Data collected indicated the facility wing, time of day, and any day of the week. Data collected was evaluated and indicated the response time numbers significantly decreased. For example, on the 27 July 2020 in Magnolia wing, there were 24 instances when the bell response was over six minutes. On the 17 August 2020 this had reduced to three instances. The data indicates a</p>	<p>Several internal projects have been implemented using the action plan process, this included defining the goal, implementation and evaluation of progress resulting in improved patient safety and increased resident satisfaction.</p>

		<p>quicker response to answering bells resulting in improved resident satisfaction and safety.</p> <p>b) Resident meal satisfaction: The September 2020 resident satisfaction survey and meal feedback questionnaires noted residents were unhappy with the meals provided at the facility. A group of residents, one from each wing, were invited to attend a newly developed meal focus group. The focus group meets every two months with different residents invited to each meeting. The facility menu and options are discussed with residents giving feedback on both content and the naming of the dishes. For example, the residents all agreed to have a savoury item for morning tea and a sweet for the afternoon tea choice. Data collected and collated indicates 90% satisfaction with the food service, an increase from 83%. Residents interviewed confirmed they had input into the food choices and enjoyed being part of this month's focus group.</p> <p>c) Communication: A need for further communication methods to residents and families was highlighted in the initial stages of the Covid-19 lockdown. Various methods were investigated and implemented. With all methods still being utilised at the time of audit. Communication methods included 'skype', phone tree, email, and a closed group on 'Facebook'. The Facebook page allows residents' families to view photos and videos and to promote events. May 2021 data indicates 150 members. The Oceania healthcare social media policy covers the rights and responsibilities of managing a social media page.</p> <p>d) GP Schedule: The schedule was formulated to ensure all residents' health conditions have been reviewed at least monthly for hospital level care and three monthly for rest home level care residents. The schedule was presented to the GP and compared with the GPs own data. The lead RN emails the GP the list of the expected consultations and reviews for the week. The GP then prioritises all assessments and if required can review any non-urgent until the following week. The RN ensures the non-urgent resident is placed on the list for the following week. GPs reported that the new schedule is helpful to ensure all residents are seen as required and their time is better utilised. All residents' reviews were current at the time of audit.</p>	
<p>Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the</p>	<p>CI</p>	<p>The BCM reported staff retention has been an issue. Thought was given as to how to attract and retain staff. The decision was taken to improve the orientation process for all new staff, thereby ensuring they feel expected and welcomed from the first day. The process included:</p> <p>a) a memo was distributed to all team leads to ensure the focus of the orientation process and expectation of the timetable to be arranged before the new employee arrives.</p> <p>b) new employee checklist of tasks completed to ensure prior to arrival everything is ready,</p>	<p>The project regarding improving staff retention has resulted in a reduction of staff turnover, overtime and has stopped the use of bureau staff.</p>

<p>service provided.</p>		<p>such as, uniform ordered, name badge and passwords/logins activated.</p> <p>c) prior to arrival the orientation programme and their orientation 'buddy's' name are emailed to the new employee.</p> <p>Staffing has reduced from:</p> <p>a) turnover: 37% November 2020 to 27% July 2021.</p> <p>b) overtime: 3.8 thousand November 2020 to nothing July 2021.</p> <p>c) the use of bureau staff was last utilised in November 2020.</p> <p>Newly employed staff interviewed confirmed the orientation package was emailed prior to arrival, and they felt welcome and part of the team from the first day with all computer passwords activated, a uniform and a name badge available on the first day.</p>	
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End of the report.