

Oceania Care Company Limited - Ohinemuri Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Ohinemuri Rest Home and Village
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: 12 October 2021 End date: 13 October 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:	66

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

Ohinemuri Rest Home and Village provides rest home, hospital level and dementia care for up to 68 residents. The service is operated by Oceania Healthcare Limited (Oceania) and managed by a business and care manager supported by a clinical manager. There have been no significant changes to the service and facilities since the previous audit.

This certification audit was conducted against the Health and Disability Services Standards and the service's contracts with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, management, staff, a contracted nurse practitioner, a general practitioner, and other contracted allied health providers.

There are well developed systems that are structured to provide quality care for residents. Implementation and oversight are assisted through the quality and risk management programme which also allows opportunities for residents, whānau and staff to contribute to the programme.

Human resource management processes are applied to an appropriate standard. Staff have appropriate knowledge and skills to deliver care and support to residents and there are opportunities for both in-service and external education and training for staff.

This audit has resulted in no identified areas requiring improvement. Residents and whānau interviewed spoke positively about the service and care provided.

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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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Ohinemuri Rest Home and Village. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services at Ohinemuri Rest Home and Village are provided in a way that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were observed interacting with residents in a respectful manner.

Care for residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect, or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

The business and care manager is responsible for the management of complaints with support from the Oceania support office. Concerns and complaints are documented, addressed, and resolved promptly.

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

Ohinemuri Rest Home and Village has connections with a range of specialist health care providers. This ensures that the services provided to residents are of an appropriate standard.

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 is the governing body for Ohinemuri Rest Home and Village and is responsible for the services provided. Business and quality and risk management plans include the goals and values of the organisation. Monitoring of the services is provided to Oceania support office and this is regular and effective.

An experienced and suitably qualified business and care manager manages the facility, supported by a clinical manager, with additional support from the regional quality manager. The business and care manager is an experienced registered nurse with previous management experience. The clinical manager is an experienced registered nurse who is responsible for clinical management and oversight of care services. The clinical manager is supported by a team of registered nurses and the regional clinical quality manager.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. The facility uses an organisation-wide electronic system to record and monitor key quality indicators, including complaints, and organisational performance. Staff are involved and feedback is sought from residents and whānau. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery, they are current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. Annual practising certification for those who require them to practice are current. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review.

Staffing levels are adequate across the service and the skill mix meets the changing needs of residents. Registered nurses are on duty 24 hours per day, seven days per week. All but two of the staff have current first aid certification.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using integrated electronic and hard copy files.

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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Ohinemuri liaises with the local Needs Assessment and Service Coordination Service, to ensure access to their facility is appropriate and efficiently managed. When a vacancy occurs, information is provided to the potential resident/whānau to facilitate the admission.

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 comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and whānau interviewed reported being kept well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is overseen by two activities coordinators, and an activities assistant. The programme provides 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 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 food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall 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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Ohinemuri Rest Home and Village has systems in place to meet the needs of residents, it is clean and well maintained. There is a current building warrant of fitness. Electrical equipment and hot water temperatures are tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen, and equipment are safely stored. Cleaning and laundry services are completed on site and are well monitored through the internal auditing system.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

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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Oceania has a restraint policy that documents enabler and restraint procedures. The policy contains a comprehensive assessment, approval, and monitoring process with a requirement for regular review. Use of enablers is voluntary for the safety of residents in response to individual requests. No enablers or restraints were in use at the time of audit and restraint has not been used for the last five years. Staff are trained in restraint minimisation and challenging behaviour management and demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent, and manage infections. Specialist infection prevention and control advice is accessed from the Waikato District Health Board.

The programme is reviewed annually.

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, 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	44	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Ohinemuri Rest Home and Village (Ohinemuri) has policies, procedures, and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining 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 understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures, and collection of health information.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements, and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur. The two residents' files reviewed in the secure unit evidenced a court appointed Protection of Personal and Property Rights (PPPR) order in place.</p>

		Staff were observed to gain consent for day-to-day care on an ongoing basis.
<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	During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were displayed in the reception area, and additional brochures were available. Whānau and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.
<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 whānau and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. Outings and visiting has been restricted due to Covid-19 alert level restrictions.</p> <p>The facility has, during this time, limited visiting hours. Whānau interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. Contact with families, during these restrictions, is maintained with phone calls, Zoom, FaceTime, and emails.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to make a complaint should they choose to do so.</p> <p>The complaints register reviewed showed that four complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the appropriate timeframe. Complaints related to food (three) and one from a neighbour in relation to staff entering and exiting the facility. Action plans show any required follow up and improvements or corrections have been made. The BCM is responsible for complaints management and follow up with support from the Oceania support office. All staff interviewed confirmed an understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	Residents and whānau of residents when 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 and of discussion with staff. The Code is displayed in the reception area, together with information on advocacy services, how to access the interpreter services, how to make a

rights.		complaint, and how to provide feedback.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and residents' whānau confirmed that the services they receive are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and discussion with whānau, the general practitioner (GP) or the nurse practitioner (NP). All residents have a private room.</p> <p>Except at the time whereby Covid-19 restrictions are imposed on visiting and outings, residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest, and participation in clubs of their choosing. Each resident's care plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Care plans reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were three residents, and 12 staff at Ohinemuri who identified as Māori at the time of audit. One staff member is fluent in te reo, performs pōwhiri when appropriate and blesses residents' rooms as cultural needs dictate. Interviews verified staff can support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori Health Plan developed that identifies the interventions required to meet the individuals' cultural needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe</p>	FA	<p>Residents and resident's whānau verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported those individual needs are</p>

services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		being met.
<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 residents' whānau when interviewed, stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A GP and NP also expressed satisfaction with the standard of services provided to residents of Ohinemuri.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RNs) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The organisation encourages and promotes good practice through evidence-based policies, regular in-service training sessions, Grow, Educate and Motivate (GEM) study days, online training forums, and input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, physiotherapist, wound care specialist, district nurses, mental health services for older persons, speech language therapists and education of staff. The GP and NP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included a commitment to providing quality wound management strategies. Two complex wounds and two stage three pressure injuries were observed to have nearly healed following the commencement of wound management by Ohinemuri. An interview with the district nurse verified a high degree of satisfaction with the wound care provided by the staff at Ohinemuri.</p> <p>The organisation employs its own NP, who oversees several of the resident's medical care. The NP accesses medical advice when necessary. The NP also provides in-service training to staff at Ohinemuri, and guidance with nursing management strategies when needed.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and residents' whānau stated they were kept well informed about any changes to their own or 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 supported in residents' records reviewed. There was also evidence of resident/whānau input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via an outside agency when required. The phone number of this service was on display at the reception area. Staff reported interpreter services were rarely required due to all present residents being able to speak English.</p> <p>A facility newsletter is produced every two months and informs residents and whānau of any changes or updates. Communication through times of Covid-19 alert level that limit visiting included Zoom, FaceTime contact, emails, and phone calls.</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>	<p>FA</p>	<p>Ohinemuri is part of the Oceania Healthcare Limited group, the executive management team provide oversight and support to the facility. The business plan, which is reviewed annually, outlines the values and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans necessary to achieve them. A sample of monthly reports showed adequate information to monitor performance is reported including clinical quality indicators, complaints, incidents/accidents, hazards, financial performance, emerging risks and issues (e.g., infection control and pandemic planning).</p> <p>The service is managed by a business and care manager (BCM) who holds relevant qualifications and has been in the role for four and a half years. The clinical manager (CM) who has worked for the facility for 27 years and been the CM for five, is responsible for oversight of clinical matters. Facility management is supported by the regional quality manager and the regional clinical quality manager. The BCM and CM maintain knowledge of the sector, regulatory and reporting requirements and maintains currency through regional meetings.</p> <p>The service holds contracts with the DHB for aged-related residential care (ARRC), long-term chronic health conditions (under 65), dementia care (D3), palliative care, respite, day care, and post-acute convalescent care (PACC). On the day of audit there were 66 residents; 49 residents were receiving services under the ARRC contract, 12 under the dementia care contract, two under the long-term chronic health conditions contract (under 65), three respite (two under PACC funding and one private paying).</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the BCM is absent, the CM carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by a senior RN who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events such as incidents and accidents and hazards, internal audit activities, complaints, a regular resident/whānau and staff satisfaction survey, and monitoring of outcomes of clinical issues including falls, infections, pressure injury, wounds, and any health and safety issues (such as staff incidents). Restraint is reported as a zero-value given the facility has not used restraint for the last five years. Adverse events are documented on a register and investigated. Corrective actions are identified and signed off when mitigation or eliminations strategies have been completed. All adverse event information is reported to the support office on a monthly basis and benchmarked across other Oceania facilities.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the staff and quality meetings. Staff reported their involvement in quality and risk management activities through input into the quality meetings and through audit activities. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Resident/whānau satisfaction surveys are completed annually, the most recent one in August 2021. The results from this survey showed the respondents were primarily positive about the service with most respondents scoring the service at Ohinemuri as “satisfied” or “very satisfied” on a Likert scale, corrective actions were identified for results that fell below the median. A staff satisfaction survey from November 2019 was very positive, results showing that staff were positive or very positive across nearly all criteria, particularly the vision, leadership, teamwork, and care standards of the facility.</p> <p>Policies and procedures cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution, and removal of obsolete documents. Policies and procedures are distributed for staff who sign to indicate that they have read and understood the documents.</p>

		Both the BCM and CM described the processes for the identification, monitoring, review and reporting of risks, and development of mitigation strategies. The BCM is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.
<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 document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed-up in a timely manner. Adverse event data is collated, analysed, reported to Oceania support office, and benchmarked across other facilities within the group. Whānau interviews supported that any untoward events were disclosed to them in an open and honest manner.</p> <p>Both the BCM and the CM were able to describe essential notification reporting requirements, including for pressure injuries. They advised there has been one notification of a significant event made to the Ministry of Health since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, and validation of qualifications and practising certificates (APCs), where required. There is a process in place to collect details of Covid-19 vaccination status and most staff are vaccinated. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Care staff working in the dementia care area have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme within an appropriate timeframe to meet the requirements of the provider's agreement with the DHB. An external education programme that meets NZQA qualification is available to all staff. Ohinemuri has an activities coordinator and senior health care assistant as assessors for the external education programme. There are sufficient trained and competent RNs who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents and the RNs on duty are able to extend short-shift hours based on resident acuity within their shift. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed.</p> <p>Care staff reported there were enough staff available to complete the work allocated to them. Residents and whānau interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The facility has two RNs on the morning shift, supported by nine caregivers, in the afternoon one RN supported by eight caregivers, and on night duty one RN and four caregivers. There are sufficient RNs with experience, including the CM, to support RN staff new to the role. At least one staff member on duty has a current first aid certificate (61 of 63 staff have first aid certification) and there is 24 hour/seven days a week (24/7) RN coverage in the hospital.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. 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, NP, and allied health service provider notes. Records are electronic with the name and designation of the person making the entry identifiable.</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>Electronic records are stored in a secure portal.</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 are admitted to Ohinemuri 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 meet with the BCM or the CM. They are also provided with written information about the service and the admission process.</p> <p>Whānau 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 detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>

		Residents in the secure unit had a specialist authorisation for placement in the unit, a PPPR order, or an Enduring Power of Attorney (EPOA) that had been activated. The admission agreement sighted in the two resident files reviewed in the secure unit, were signed by the court appointed guardian.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Exit, discharge, or transfer is managed in a planned and coordinated manner, with an escort as appropriate. The service uses the Waikato District Health Board's (WDHB) 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and whānau. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<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 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 a 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 or NP review is consistently recorded on the electronic medicine chart.</p> <p>There were no residents who self-administer medications at the time of audit. Appropriate processes are in place to ensure this can be managed in a safe manner if residents choose to self-administer medications</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 comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Ohinemuri.</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>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian on 6 October 2021. Recommendations made at that time have been implemented.</p> <p>An up-to-date food control plan is in place, with a verification audit having taken place on 7 May 2021. Four areas requiring corrective action were attended to on the day of audit. The food control plan is verified to expire in 18 months on 6 November 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 cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant 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.</p> <p>Residents in the secure unit have access to food 24 hours a day.</p> <p>Evidence of resident satisfaction with meals is verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents 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 1.3.2: Declining Referral/Entry To Services</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</p>	<p>FA</p>	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's</p>

organisation, where appropriate.		placement can be terminated.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission residents of Ohinemuri are initially assessed using a range nursing assessment tool such as pain scale, falls risk, skin integrity, nutritional screening, and behaviour assessments to identify any deficits and to inform initial care planning. Except for the respite residents, within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require.</p> <p>All residents' files reviewed in the secure unit had behaviour assessments in place that informed the behaviour management plans.</p> <p>In all files reviewed initial assessments are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation, and observation verifies the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents have current interRAI assessments completed by five trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Files reviewed of residents in the secure unit had a behaviour management plan in place, that identified triggers to behaviours, and strategies to deescalate those behaviours. The unit was observed to be one where residents' behaviours were well managed. Residents were observed interacting with staff and each other in an orderly and pleasurable manner. No evidence of distress was observed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations. Any change in care required was documented and verbally passed on to relevant staff. Residents and whānau reported participation in the development and ongoing evaluation of care plans.</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 the provision of care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP and NP when interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level 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 requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by two recreation coordinators and a recreation assistant, seven days a week. The activities programme provided in the secure unit is reviewed monthly by a diversional therapist.</p> <p>A social assessment and history are 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 regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples included an exercise programme, current affairs, dance exercises, quiz sessions, musical bingo, singalongs, and floor games. The activities programme is discussed at the residents' and whānau meetings (when not cancelled due to Covid-19 restrictions). Minutes of meetings indicate residents' and whānau input is sought and responded to. Resident and whānau satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</p> <p>The activity plans sighted for residents in the secure unit, identify the residents 24 hour needs and the appropriate management strategies to meet those needs.</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 initially evaluated three weeks post admission, with a resident and whānau interview, to ensure all the residents' needs are being met.</p> <p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI</p>

		<p>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 plan of care. Short-term care plans are consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated. Wound management plans are evaluated each time the dressing is changed. Behaviour management plans are reviewed each time there is an episode of a behaviour that becomes a challenge. Residents and whānau 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 provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a NP with oversight from a GP as the main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP, NP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the RN, NP, or the GP. The resident and whānau are kept informed of the referral process, as verified by documentation and interviews. 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>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed as necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Domestic, kitchen and care staff have access to chemical training and management of chemicals. Material safety data sheets (MSDS) were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Chemicals are correctly labelled and stored securely.</p> <p>There is provision and availability of a significant amount of personal protective clothing and equipment. Staff were observed using this.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are</p>	FA	<p>A current building warrant of fitness, expiry date 31 May 2022, is publicly displayed. All legislative requirements were met.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment, monitoring of hot water temperatures, and calibration of biomedical equipment is current as confirmed in documentation</p>

<p>fit for their purpose.</p>		<p>reviewed, interviews with the BCM and maintenance person, and observation of the environment. Efforts are made to ensure the environment is hazard free and that residents and staff are safe. Corridors are wide enough to accommodate residents, staff, and any equipment. Independence of residents is promoted at every opportunity; external areas are maintained and are appropriate to the resident groups and setting. One external area has been refurbished to a high standard, it features a decking and a garden area and in-built seating and shade. The dementia unit garden area is secure. Where residents are transported in the facility vehicle, there are policies and procedures in place to minimise risk.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned. Residents and whānau interviewed reported that they are happy with the environment.</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>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. In the rest home there is one room with shared ensuite facilities, plus eight further toilets, five showers and three washrooms. The hospital has four showers and five toilets and the dementia care area three toilets and two showers. There are six dual purpose rooms, which can be rest home or hospital, with shared ensuite facilities. Shower and toilet facilities between the rest home and hospital areas can be accessed depending on proximity. There is easy access to toilet facilities from communal areas. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. There are separate toilet facilities for staff and visitors and shower facilities for staff.</p> <p>Residents and whānau reported that there are sufficient toilets and showers. Auditors observed residents being supported to access communal toilets and showers in ways that showed respect and maintenance of dignity.</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>There is adequate personal space in the bedrooms to allow residents and staff to safely move around in the room. All bedrooms provide single accommodation and there was sufficient space in hospital level rooms for equipment such as hoists or wheelchairs, at least two staff, and the resident. Rooms are personalised with furnishings, photos, and other personal possessions. Residents are encouraged to make the room their own and staff and residents reported the adequacy of room space.</p> <p>There is room to store mobility aids and wheelchairs in the resident's room. Mobility scooters are stored and charged overnight adjacent to the facility in a purpose built 'garage' and brought into the facility each day or as required.</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>Communal areas are available for residents to engage in dining and social activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Visitors and residents, including the younger disabled (YPD) resident, are able to access areas for privacy as required. Furniture is appropriate to the setting and arranged in a manner which allows residents to mobilise freely. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on 24 May 2010. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 26 September 2021. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water (40,000 litres), blankets, mobile phones and gas BBQ's were sighted and meet the requirements of residents. Water storage tanks are located outside the facility. Emergency lighting is regularly tested. Staff records sampled provided evidence of current training regarding fire, emergency, and security education.</p> <p>The service has a call bell system in place that is used by the residents, whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Residents and whānau confirmed that staff respond to calls in a timely manner.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring external spaces for added security. Whānau and residents, including YPD, know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing is not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Heating is provided by underfloor heating with heat pumps in communal areas. Areas were warm and well ventilated throughout the audit and residents and whānau confirmed the facilities are maintained at a comfortable temperature.</p> <p>There is access to outside garden spaces from communal areas including a designated external smoking area away from doors and windows that complies with current legislation.</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>Ohinemuri provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the CM. The infection control programme and manual are reviewed annually.</p> <p>The RN with input from the CM is the designated infection control nurse, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the CM and BCM, and tabled at the infection control, quality/risk, staff, RN and Health and Safety meetings. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The organisations infection control team are informed of any IPC concern.</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. At the time of audit, visiting was restricted due to the Covid-19 alert level at that time. All visitors fill out a declaration regarding potential exposure to Covid-19, and were temperature checked. Anyone deemed high risk were prevented from visiting. 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 related responsibilities.</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 (ICN) has appropriate skills, knowledge, and qualifications for the role, however, has been in this role for only a short time and is being assisted by the CM. The ICN has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the WDHB are available, as is advice from the organisation's infection control team. The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICN and CM confirmed the availability of resources to support the programme and any outbreak</p>

		of an infection.
<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>	FA	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p> <p>A Covid-19 pandemic plan and an outbreak management plan is in place at Ohinemuri.</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>	FA	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing GEM training sessions. Education is provided by suitably qualified RNs and the ICN. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response.</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>	FA	<p>Surveillance of infections at Ohinemuri is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. 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 ICN and CM review all reported infections. Monthly surveillance data is collated and analysed to</p>

		<p>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. The number of infections at Ohinemuri was observed to be low.</p> <p>There has been one Norovirus outbreak over the past year, in May 2020.</p> <p>A good supply of personal protective equipment is available. Ohinemuri has processes in place to manage the risks imposed by Covid-19.</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. The restraint coordinator is the CM. The coordinator is aware of the role responsibilities and is available to provide support and oversight for enabler and restraint management in the facility should this be required.</p> <p>On the day of audit, there were no residents using restraints or enablers. The service has not used restraints for the last five years, using instead low beds and alarm mats to support resident safety. The restraint coordinator advised that if restraint was to be used, it would be used as a last resort when all alternatives have been explored. The restraint approval group still meets but, in the absence of restraint, this is generally to make sure that all staff receive appropriate education on behaviour management and enabler and restraint processes. Education on behaviour management and enabler/restraint use was confirmed by staff interviewed.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.