

# Oceania Care Company Limited - Atawhai 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:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Atawhai Rest Home and Village

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

**Dates of audit:** Start date: 1 February 2022      End date: 2 February 2022

**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:** 76

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Oceania Care Company Limited - Atawhai Rest Home and Village (Atawhai) provides rest home and hospital level care for up to 83 residents. All beds are suitable for either rest home or hospital level care. The service is managed on a day to day basis by a business and care manager and a new clinical manager.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a palliative care nurse specialist, a physiotherapist and a general practitioner.

Residents and families spoke positively about the care provided.

There were no areas identified as requiring improvement at this audit.

## 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 at Atawhai Rest Home and Village. Consent, availability of advocacy services and opportunities to discuss the Code are provided at the time of admission and thereafter as required.

Services offered by Atawhai Rest Home and Village are provided in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were noted to be 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.

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

A range of linkages with specialist health care providers are established. This contributes to ensuring services provided to residents are of an appropriate standard.

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.

The operational and business brief (2022), the clinical excellence strategy and other documents detail the scope, goals, and values of the organisation. There are appropriate processes in place to monitor and report on key aspects of service through to senior managers/executive team. An experienced and suitably qualified person manages the facility and is supported by a new clinical manager.

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

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

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained using integrated electronic 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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Atawhai Rest Home and Village works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers, continuity in staff allocation and communication sheets support 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 family/whānau interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is good. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

A diversional therapist provides the planned activity programme. The programme provides residents with a variety of individual and group activities. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Registered nurses administer medications, 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.

The facility is single storey, meets the needs of residents, and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. Clinical equipment had evidence of current performance monitoring/clinical calibration. Ceiling hoists have recently been installed in five bedrooms. Communal and individual spaces are appropriately ventilated and maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

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

Staff are trained in emergency procedures. The New Zealand Fire Service have approved the fire evacuation plan. Fire drills are conducted at least six monthly. There are appropriate supplies available for use in a civil defence emergency and pandemic. Call bells are appropriately located. External security cameras are in use.

## 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.

The organisation has implemented policies and procedures that support the minimisation of restraint. There were no restraints in use at the time of the audit. Seven residents were using enablers. Staff are provided with training on restraints and enabler use

during orientation and as a component of the ongoing education programme. Staff demonstrated a sound knowledge and understanding of the organisation's policies and could detail the processes required in the event restraints were used.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme is led by an experienced and appropriately trained infection control nurse. The programme aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the organisation's infection control adviser and the Hawke's Bay 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.

Atawhai Rest Home and Village undertakes aged care specific infection surveillance. Results are analysed, trended, and benchmarked, and 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	45	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Atawhai Rest Home and Village (Atawhai) has policies and procedures 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 verified in training records sighted.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures, and collection of health information.  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.  Staff were observed to gain consent for day-to-day care on an ongoing basis.

<p><b>Standard 1.1.11: Advocacy And Support</b></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 related to the Advocacy Service were also displayed in the facility. Additional brochures were not available at the time of audit, however had been ordered, and they were awaiting delivery. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p><b>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</b></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. Covid-19 restrictions have limited residents' ability to participate in a variety of community outings, shopping trips, activities, and entertainment that involve potential exposure to Covid-19.</p> <p>The facility has at the time of audit, restricted visiting hours. Atawhai encourages visits from residents' families and friends, who are vaccinated, have a vaccine certificate, and agree to wear a mask. A disclosure statement is required to be signed and all visitors are screened. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p><b>Standard 1.1.13: Complaints Management</b></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. Complaints and feedback forms are also readily available at the main entrance and can be accessed without request.</p> <p>The complaints register is maintained detailing complaints received. This is now an electronic register. The business and care manager is responsible for complaints management, with the support of the clinical manager, and the regional operations manager (ROM) and the regional clinical manager (RCM) as required. The business and care manager (BCM) detailed the process that is undertaken should any oral or written complaints be received.</p> <p>There have been seven complaints received since 1 January 2021. A review of complaints verified that the sampled complaints have been investigated and followed up in a timely manner. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from the Ministry of Health, District Health Board or Health and Disability Commissioner since the last audit. One resident and family member noted staff had promptly attended to a complaint when they raised it. One other family noted making a complaint. This had not been documented as a complaint, however had been promptly followed up.</p>

		This is not raised as an area for improvement as this does not reflect a systemic issue.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family/whānau 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 ongoing discussion with staff, the clinical manager (CM) and the business and care manager (BCM). The Code is displayed in English and Māori in common areas around the facility. Information on the availability of advocacy services, how to make a complaint and feedback forms is available at the front entranceway.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and family/whānau confirmed that services at Atawhai 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, by ensuring resident information is held securely and privately, when exchanging verbal information and during discussion with family/whānau and the GP. All residents have a private room.</p> <p>When Covid-19 restrictions permit, 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. All care plan's included documentation related to the individual resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>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 in training records.</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</p>	FA	<p>There were two residents and ten staff members at Atawhai at the time of audit who identified as Māori. 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 with input from cultural advisers. If support is required to assist Māori residents to have their cultural needs met, assistance and guidance is provided by a kaumatua at the Hawke's Bay District Health</p>

and cultural, values and beliefs.		Board (HBDHB).
<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 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 preferences for 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 being met.</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/whānau interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed satisfaction with the standard of services provided to residents.</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 the employment process. Ongoing education is also provided annually, 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>Atawhai encourages and promotes good practice using organisation wide evidence-based policies. Input from external specialist services, and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, physiotherapist, wound care specialist, services for older people, and mental health services for older persons is obtained when indicated. The GP confirmed that staff sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks, 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 maintaining an ongoing education programme that enables staff yearly education updates. Quarterly training sessions are provided for RNs. There is a commitment to enabling caregivers to train in 'Care of the Older Person' modules (by providing an onsite trainer and assessor). An Oceania Care Company</p>

		<p>Limited (Oceania) initiative assists and supports approved RNs to become nurse practitioners within the organisation to provide individualised resident focussed care, that enables flexibility to adapt to resident's needs.</p> <p>Prior to having restrictions imposed by Covid-19, Atawhai had developed close relationships with the local kindergarten and school to enable residents to be involved with children. This will continue when there is a reduction in the level of risk residents are exposed to by these visits, during Covid-19 alerts.</p> <p>RNs at Atawhai are encouraged to take on key roles and attain expertise in that role. Key roles offered at the time of audit were that of palliative care. The palliative care nurse specialist interviewed, was complimentary of the palliative care services provided by Atawhai.</p> <p>Atawhai has a physiotherapy room available for the physiotherapist to work with residents and offers a rehabilitation programme or a gym programme (refer 1.3.7).</p>
<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/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/family 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 several family members who were fluent in a range of languages and interpreters from the HBDHB. Staff reported interpreter services were rarely required to be accessed due to present residents being able to speak English.</p> <p>Wi-Fi access to all staff and visitors is enabled throughout the facility. Weekly newsletters, phone calls and regular emails keep residents, family/whānau and staff informed of updates or events that are happening at Atawhai.</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 business plan details goals of the organisation. There is a new chief executive officer (CEO) who was internally promoted and commenced in the new role on 22 March 2021. There are over 40 Oceania Healthcare retirement complexes in the group. Not all of these have aged related residential care (ARRC) services co-located.</p> <p>Atawhai rest home and hospital has been open for over 45 years. There are 29 care suites on site where residents reside under an occupational rights agreement (ORA). The care suites are located</p>

		<p>within the rest home and hospital wings. The vacant rooms are currently all care suites. All bedrooms and care suites are single occupancy.</p> <p>The document detailing the annual objectives for Atawhai was sighted. This utilises the operational and business brief document that summarise the services provided on site and key local / sector issues.</p> <p>There is an Oceania clinical excellence strategy (22 March 2021). This has been developed by the general manager clinical &amp; care services and details the vision, three core principles (clinical excellence, resident centred care, and employer of choice) and three strategic priorities (risk management, resident wellbeing and clinical capability).</p> <p>The Atawhai business and care manager has worked for Oceania on this role for five years. The business and care manager has approximately eight years' experience working in the ARRC sector including as BCM and chef/kitchen manager at Atawhai. The BCM is responsible for financial management, staffing, health and safety and building/facility management. The BCM meets regularly with, and reports to, the long-standing regional operations manager (who reports to the general manager operations), and regional clinical manager, who has been in this role for approximately 18 months. The regional operations manager (ROM) and regional clinical manager (RCM) expressed satisfaction that appropriate issues are being communicated/escalated in a timely manner.</p> <p>The BCM is supported by a clinical manager, who commenced in this role on 31 January 2022. The clinical manager has worked as a registered nurse (RN) in the aged related residential care (ARRC) sector for seven years, including in the role of clinical manager for approximately two years. The clinical manager is responsible for ensuring the clinical needs of the residents are being met. The clinical manager is undertaking post graduate education on a nurse practitioner academic pathway (refer to 1.1.8). The kitchen manager is also a part of the management team.</p> <p>The business and care manager has exceeded eight hours of education per annum related to managing an aged related residential care facility as required by the providers contract with Hawke's Bay District Health Board (HBDHB).</p> <p>The facility has a contract with the Ministry of Health (MOH) for Disability Support, and an Aged Related Residential Care Contract (ARRC) with HBDHB for the provision of rest home, and continuing hospital level care. Another contract includes respite and day care services, with another contract for the provision of 'restore in ARCC' (seven categories). There is a long-term support chronic health conditions (LTS-CHC) contract for rest home and hospital level of care. There were no residents receiving services under the LTS-CHC, respite and day services contract, or the 'restore in ARRC' contract at the time of audit.</p> <p>There were a total of 76 residents receiving care at the time of audit. This included 28 residents at ARRC long term rest home level of care, and one younger person funded by the MOH. There are 43</p>
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		residents at ARRC continuing (hospital) level of care, three residents receiving hospital level care under contract with Accident Compensation Corporation (ACC), and one resident funded by the MOH at hospital level care. Of the 24 care suites currently occupied, eight residents are at hospital level of care and 16 at rest home level.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the business and care manager's absence, the clinical manager is responsible for the oversight of care and services provided. The new clinical manager is still in the orientation phase, however, is supported by a clinical manager from another Oceania care home, who has been working between two care homes for the last two weeks, and continues in a supportive role for the new clinical manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Atawhai has a quality and risk management system which is understood and implemented by service providers. This includes internal audits/reviews, satisfaction surveys, incident and accident reporting, health and safety/hazard management, infection control data collection and management, and concerns/complaints management. There is an internal audit schedule. Templates are used for each audit. The results of at least ten sampled audits demonstrated that where improvements are required, an action plan is developed and implemented. The results are communicated to applicable staff.</p> <p>There is a regular process to obtain resident and family feedback on relevant issues. This includes a survey, and a 'welcome' telephone call made to new residents six weeks after admission.</p> <p>Appropriate quality information is shared with staff via shift handover as well as via the regular staff meetings. There are monthly health and safety meetings, registered nurse meetings and general staff meetings. There are two monthly restraint minimisation meetings and resident meetings. The meetings lead into the quality meeting which is the forum where all applicable issues are discussed. The minutes of three meetings verified discussion occurs where applicable on health and safety, Covid-19, internal audit results, complaints, education/training, resident feedback, clinical issues, incidents/accidents, suppliers/consumable issues, and human resources. Staff interviewed verified they were informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations, policies/procedures and any changes in process or practice.</p> <p>There have been two quality improvement projects undertaken at Atawhai in 2021. These are</p>



		<p>planned and evaluated using a 'plan, do, check and act' cycle.</p> <p>Policies and procedures are available to guide staff practice and are developed nationally. These are available for staff electronically on the intranet. A paper copy of clinical policies is available for staff. The clinical manager is the document controller and prints the updated document and places this out for staff to read and sign.</p> <p>There are a range of clinical indicators that are monitored monthly. These enable Atawhai management team and the regional clinical manager to compare a range of events for both rest home and hospital level care residents including resident falls (with and without injury), choking, absconding, infection, and medication errors/events with data from the other Oceania ARRC facilities.</p> <p>Actual and potential hazards/risks are identified in the hazard, risk and hazardous substances registers sighted. The business and care manager and the regional operations manager (ROM) described the organisation's risks and ongoing mitigation strategies. The ROM interviewed confirmed being satisfied that new or changing risks are being communicated in a timely manner and appropriate mitigation strategies are implemented. Resident specific risks are evaluated during the registered nurse interRAI assessment and care plan reviews.</p> <p>The care home hazard risk register on site was last reviewed in November 2021. A process is in place for the reporting and elimination or minimisation of new hazards. A hazardous substance register was being maintained.</p> <p>The Oceania clinical governance committee (CGC) meets monthly, and a range of clinical and quality data is reviewed at this committee. The CGC reviews and approves all clinical policies, the clinical indicator data, discusses risk, and quality improvement projects as required. The management team interviewed reported that as the CGC includes the regional operational and clinical managers, there is greater integration and a more transparent and strengthened quality and risk focus across the organisation.</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</p>	FA	<p>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events have been reported in a timely manner electronically. The applicable sampled events have been disclosed with the resident and/or designated next of kin. This was verified by residents and family members interviewed, and records of communications maintained in the sampled residents' files. A review of seven reported events including unwitnessed falls, a pressure</p>

<p>choice in an open manner.</p>		<p>injury, a skin tear, a resident's challenging behaviour, a medication event, a near miss, and a staff injury event demonstrated that incident reports are completed, investigated and responded to in a timely manner. Neurological monitoring was undertaken post unwitnessed fall.</p> <p>Incidents/events have been also discussed with staff at the various staff meetings as verified by interview and observation of meeting minutes. A range of incidents/adverse event data is also included in the internal clinical indicator/benchmarking programme (refer to 1.2.3).</p> <p>The business and care manager advised there have been at least seven essential notifications to the Ministry of Health and/or District Health Board since the last audit including stage three or unstageable pressure injuries (five), a police notification, and a scabies outbreak. The change in clinical manager notification is reported to be in process. The business and care manager can detail the other type of events that require reporting and stated any notifications are undertaken by staff working at national support office.</p> <p>There have not been any resident deaths that required reporting to the coroner or health practitioner competency concerns.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation.</p> <p>The recruitment process included completing an application form, interview, and referee checks. The successful candidate is required to have police vetting, provide the results of a current drug screening test, complete a health questionnaire and allow a summary of any current or historical claims with the Accident Compensation Corporation (ACC) be obtained. The job description/employment contract was present in sampled files along with a privacy/confidentiality agreement. A sample of nine staff records reviewed confirmed that policies are being implemented and records retained. Oceania has moved to electronic platforms for the management of recruitment related processes, and employment related records.</p> <p>All employed and contracted registered health professionals (RHPs) have a current annual practising certificate (APC). Copies of the APCs are on file and a register is maintained.</p> <p>Staff induction/orientation includes all necessary components relevant to the role. Staff reported that the induction/orientation process suitably prepared new staff for their role and responsibilities. Additional time is provided as/when required. Staff records reviewed showed documentation of completed orientation and the associated competency assessment applicable for the role is completed within required timeframes or is in progress for recently employed staff.</p> <p>A comprehensive staff education programme is in place with in-service education identified and</p>

		<p>opportunities/toolbox sessions (including those noted in the H&amp;S plan) being provided. Health care assistants and registered nurses must attend a mandatory study day relevant to their role each year. There have been some changes to the HCA programme in 2021. Now the learning is based around caring for a fictional resident, with application of knowledge as relevant to this resident. There are a range of competencies that staff must complete during orientation and thereafter annually. Records of attendance/competency are maintained and monitored, with reports readily available listing the staff that are current or due each component. Due to Covid-19 restrictions, some staff have not attended the mandatory annual study day in 2021, but sessions have been scheduled in the coming weeks onsite for this training to occur.</p> <p>Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Fifteen HCAs are currently being paid at level one, five HCAs are paid at level two, eight are paid at level three and nineteen are paid at level four. One of the charge nurses is an approved assessor.</p> <p>An annual performance review is undertaken with staff. All applicable sampled files have a completed appraisal on file of appraisals completed within the last 12 months.</p> <p>The registered nurses are required to have a current first aid certificate and medicines competency and records of training are being maintained. The maintenance person, diversional therapist, an administrator, a cleaner and several HCAs also have a current first aid certificate. The newer RNs have been unable to complete first aid training in 2021. However, a review of training records and the roster verified there is always at least one staff member on duty with a current first aid certificate.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	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. The business and care manager and the clinical manager or a senior registered nurse is on call when not on site, with staff reporting that good access to advice is available when needed. Care staff reported there were sufficient staff available to complete the work allocated to them including for unplanned absenteeism, with occasional exception. Observations and review of a four-week roster confirmed adequate staff cover has been provided.</p> <p>There is a GP on call 24 hours a day, and they visit routinely three times each week (Monday, Wednesday and Friday). A physiotherapist visits twice a week on Wednesday and Friday. A physio assistant works on Monday, Wednesday and Friday. The podiatrist visits monthly, and dietitian comes at request.</p> <p>There are sufficient allocated hours for cleaners, laundry, maintenance, activities, catering staff and</p>

		<p>administration as verified by staff interviewed and review of the rosters.</p> <p>Clinical staff work a fixed roster with shifts planned over a four-week period. Staff are rostered to work in a designated area of the facility and allocated to work with designated residents. The required and actual RN and caregivers' hours are monitored by the business and care manager monthly and adjusted as required to meet residents' needs. The roster is developed offsite by the rostering coordinator and reviewed and approved by the BCM before publishing. The aim is to have the roster issued at least one month in advance. The BCM is responsible to fill vacant shifts. Staff absences are covered by casual staff, existing staff working an additional shift, one activities staff working a caregiving shift (refer to 1.3.7) or staff working a longer shift with infrequent exceptions in records sighted. There is a process in place for the business and care manager to review staff offers to work extra shifts or to swap a shift to ensure there is an appropriate skill mix on duty.</p> <p>There are usually three registered nurses on morning shift and afternoon shift and one RN on nights. A charge nurse is designated for each of the three wings/units. The clinical manager works Monday to Friday daytime hours. There is a minimum of fifteen HCAs on morning shifts, ten on afternoon shifts and three HCAs on duty at night. The morning and afternoon shifts comprise both full and part shifts. On occasions, one or two HCA staff attend a callout to a small number of identified village residents. The business and care manager advised this is infrequent with the last callout occurring labour weekend 2021. Village residents are reported to be encouraged to have a personal alarm pendant directly connecting with offsite emergency services.</p> <p>Thirteen of the 15 registered nurses employed have current interRAI competency. The RNs are allocated office time for infection prevention and control, interRAI and other designated responsibilities.</p> <p>Recruitment is ongoing for a RN position (an additional resource), and for both a casual and part-time HCA.</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 at Atawhai. 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. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records of present residents are held securely on site. Residents who no longer reside at Atawhai, have their records stored off site. All records are readily retrievable using a cataloguing system</p> <p>Residents' files are held for the required period before being destroyed. No personal or private</p>

		<p>resident information was on public display during the audit.</p> <p>Electronic records are stored in a secure portal.</p>
<p><b>Standard 1.3.1: Entry To Services</b></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 Atawhai when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the services Atawhai provides. Prior to admission a risk assessment of the resident is undertaken by the BCM and CM. If there are any areas of risk identified, the admission needs the approval of the regional clinical manager (RCM), who makes the decision whether the facility can manage the risk level. Admissions identified as a risk cannot go ahead without the approval of the RCM. Once approved, prospective residents, when they have decided Atawhai is their preferred provider of services, are encouraged to visit the facility prior to admission and meet with the BCM and CM. They are also 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 detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>
<p><b>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</b></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 HBDHBs 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and the family. 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. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner. Family/whānau of the resident reported being kept well informed during the transfer of their relative.</p>
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	FA	<p>The medication management policy at Atawhai is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who</p>

<p>requirements and safe practice guidelines.</p>		<p>administer medicines are competent to perform the function they manage. Medications at Atawhai are not administered in the dining room at mealtimes. Mealtimes are seen as a time to enjoy the meal and not be disturbed by nurses administering medications. Medication rounds occur outside of mealtimes unless a medication is specifically required to be administered with food.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by two RNs against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the electronic medicine chart.</p> <p>There were no residents self-administering medications at Atawhai at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner when required.</p> <p>Medication errors are reported to the charge nurse, CM and BCM 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 Atawhai.</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 at Atawhai is managed by a kitchen manager and provided on site by two chefs seven days a week 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 in October 2021. Recommendations made at that time have been implemented.</p> <p>An up-to-date food control plan is in place. A verification audit of the food control plan was undertaken 9 June 2021. No areas requiring improvement were identified. The food control plan was verified for another eighteen months.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and</p>

		<p>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>The kitchen is observed to respond to any individualised meal requests. One resident reported having poached eggs provided as requested every Monday, Wednesday, and Friday. Interview with the kitchen manager, says they willingly attend to residents' specific needs and will order in extras if required to meet residents' individual requests that fall outside the scope of the menu. Resident interviews verified this.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family/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>Any food scraps are collected in a container and supplied to a pig breeder for pig food. The required documentation is sighted, that ensures the food fed to the pigs is treated as required. A pest prevention programme is in place at Atawhai, and records verified an external provider manages the programme in the required time frames. No evidence of pests was sighted.</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 organisation, where appropriate.</p>	FA	<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/family. Examples of this occurring were discussed. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are</p>	FA	<p>On admission, residents of Atawhai are assessed using a range of nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening, and depression scale, to identify any deficits and to inform initial care planning. Within three weeks of admission residents are assessed</p>

gathered and recorded in a timely manner.		<p>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. An example of a resident requiring specialist assessment and input was reviewed and demonstrated good practice. Reassessment and review of placement may be required at a later date.</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 verified that 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 had current interRAI assessments completed by one of thirteen 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>Care plans evidenced service integration with progress notes, activities note, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families 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>	FA	<p>Documentation, observations, and interviews verified the care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs. The files reviewed evidenced preventative management strategies in place for residents deemed of high risk of developing pressure injuries and effective wound care management plans.</p>
Standard 1.3.7: Planned Activities	FA	A diversional therapist and two activity assistants provide the activities programme. The programme



<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>is provided seven days a week. During the week there are two activities personnel at Atawhai, this enables two differing programmes to be offered in each lounge.</p> <p>On admission to Atawhai, a social assessment and history are undertaken 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 three/six monthly care plan review.</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include, when Covid-19 restrictions permit, normal community activities. Individual, group activities and regular events are offered. Examples included gardening, 'sit and be fit', flower arranging, garden walks, news, 'housie', church services, van outing, arts and crafts, library books, and van outings. The activities programme is discussed at the bimonthly residents' meetings.</p> <p>Minutes indicated residents were happy with the programme, enabled input into the programme, and were encouraged to express any areas of dissatisfaction. Resident and family/whānau satisfaction surveys demonstrated some dissatisfaction with the activity services being provided. Residents interviewed confirmed they find the programme meets their needs; however, did express dissatisfaction that at times during the week, one of the morning sessions may be cancelled if one of the activities staff is required to assist providing caregiving during the morning shift. Refer to 1.2.8. These concerns were discussed with the BCM.</p> <p>A physiotherapist provides physiotherapy services to residents twice a week. This includes assessing all new resident's mobility needs and implementing a plan. Residents requiring rehabilitation assistance are then enabled to participate in a rehabilitation plan. A planned gym programme is also offered to residents requiring an exercise programme. Atawhai has a room allocated for this with a range of equipment available, including parallel bars. A physiotherapy assistant works at Atawhai and is available to facilitate the programmes when the physiotherapist is not working. The physiotherapist and the physiotherapy assistant commented on how valuable this resource was in facilitating residents' ability to improve their sense of purpose.</p> <p>Oceania and Atawhai also offers residents the "I love music programme". Residents who love and respond to music can have their favourite music loaded onto an MP3 player (supplied and music loaded by Oceania) so residents can have access at any time to music they enjoy and can relate to.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN and the charge nurse.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI</p>

and timely manner.		reassessment or as residents' needs change. The RN documents evaluations. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of short-term care plans being implemented for infections, pain, weight loss, and being regularly reviewed and progress evaluated as clinically indicated. Wound care plans were evaluated each time the dressing was changed, pressure area management strategies were reviewed when any changes were noted, and behavioural management plans were reviewed as episodes of behaviours that challenged were observed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
<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 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 or charge nurse 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 charge nurses or the GP. The resident and the family/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 where necessary. All cleaning, laundry, maintenance, and kitchen staff have completed training in the safe handling of chemicals with the product supplier. Individual training is provided for new staff during orientation. The chemical supplier also reviews how the products are being used in Atawhai on a regular basis and provides a report. The safe handling and use of chemicals is also included in the orientation and ongoing education programme for all care staff and registered nurses.</p> <p>Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. There is a spill kit readily available. There are poster instructions on the management of inadvertent exposure.</p> <p>There is provision and availability of appropriate personal protective clothing and equipment, and staff were observed using these items appropriately.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Atawhai is a single level building, with bedrooms or care suites grouped into three wings. Appropriate systems were in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment, calibration of bio medical equipment (November 2021) was current as confirmed in documentation reviewed, interviews with the maintenance coordinator as well as observation of the environment. The function of the call bells is tested monthly. The environment was hazard free, residents were safe, and independence was promoted in all areas.</p> <p>There are 83 rooms, all single occupancy and suitable for both rest home and hospital level of care. This includes 29 care suites within Atawhai where the occupants have an occupation rights agreement (ORA) in place. Two care suites have a lounge and a conservatory. The others have their own lounge area. All care suites have a full ensuite bathroom.</p> <p>There is a ceiling mounted hoist in five bedrooms. These were most recently checked by the installer on 29 October 2021. All rooms have sufficient space and call bells are present in appropriate areas.</p> <p>External areas were safely maintained and appropriate to the resident groups and setting. There are internal and external courtyard areas for residents' use. A shade awning was ordered in mid-January 2022 to improve the shaded areas available for residents. It is expected to take up to six weeks for delivery. There are two sun umbrellas present and shade from trees.</p> <p>Staff confirmed they knew the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they were happy with the environment. There is a maintenance request book in the administrator's office. A review of this book demonstrated that maintenance requests were addressed in a timely manner.</p> <p>The facility vehicle is leased and has a current registration and warrant of fitness. The vehicle hoist is booked for servicing on 14 February 2022. The driver has completed van driving and loading competency, and a copy of their driver's licence is on file.</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</p>	FA	<p>All 29 care suites have an ensuite bathroom that includes a toilet, wet area shower and a handbasin.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility as observed and verified by staff interview. This includes four large wet area shower rooms, each with a shower trolley. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories according to individual requirements, are available to promote residents' independence. There is also a staff toilet and visitor toilet.</p>

requirements.		
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms or care suites safely. All rooms are single occupancy. Furniture is provided in each suite; however, residents can use their own if they want. Rooms were personalised with furnishings, photos and other personal items displayed.</p> <p>There are areas for the storage of other equipment including mobility aids, wheelchairs and clinical consumables. Staff and residents reported the rooms are spacious, with space for personal possessions and mobility equipment.</p> <p>Five rooms have been fitted with ceiling hoists in 2021.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a large dining area, two lounges, a hairdressing salon, a physiotherapy room, a resident quiet room, and a family quiet room in this care home.</p> <p>The dining and lounge areas enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs. Lounge areas are also used for the activities programme and for residents' individual activities. Residents and family members interviewed confirmed there is sufficient space available to meet their needs. There are a number of outside areas residents and family members can use.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry is undertaken onsite by a team of seven laundry staff. The laundry is open seven days a week from 7am to 7pm. The laundry also provides services for four other Oceania ARRC facilities in the region with a daily pick-up and delivery service in place. There is segregation of clean and dirty linen during transportation and in the laundry. Services provided includes laundering residents personal clothing and all facility linen. Residents' personal linen is named. The personal laundry of each resident is collected and returned daily. There are processes in place for the laundering of heat sensitive garments.</p> <p>There are designated cleaning staff with three staff on duty each weekday, one per unit and one cleaner on the weekend. Policies and procedures guide staff practice, and safety data sheets are readily available. The housekeeping and laundry staff have received appropriate training including chemical safety use provided by the chemical supplier. Chemicals were stored securely and were in appropriately labelled containers. A chemical auto-dispenser is utilised. Cleaning and laundry processes are monitored through, the internal audit programme with a high level of compliance noted.</p>

		Residents and family interviewed reported their laundry is managed well and their clothes are returned in an acceptable timeframe, and the facility is kept clean and tidy.
<p>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>Policies and guidelines for emergency planning, preparation and response are available and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. Two flip charts are present as a quick reference in each nursing station.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service on 28 September 2007 (Ref 51/16/001). A trial evacuation takes place six-monthly with the most recent being on 4 October 2021. The new staff orientation programme includes fire, emergency and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food for up to three days, over 2000 litres of water, with the content kept fresh, blankets/duvets, batteries, continence supplies, a first aid kit, and gas cooker were sighted to meet the requirements for the up to 83 possible residents. There is a generator and diesel supply on site and this is regularly tested. The civil defence supplies are stored appropriately and checked against a contents list six monthly. There are additional PPE supplies for use in an infection outbreak.</p> <p>Call bells alert staff to residents requiring assistance. These alert via a light on the ceiling outside the room, to staff pagers and via ceiling mounted panels. Call bells are present at the bed space and the residents' bathroom and there are call bells in communal areas. The call bells escalate to the RNs, and subsequently the management team if the HCAs have not answered within designated timeframes. Residents and family confirmed their call bells are answered in a timely manner with rare exception. Emergency call bells alert audibly throughout the care home and display in red on the ceiling panels.</p> <p>Appropriate security arrangements are in place. Surveillance cameras monitor external areas only, and the images are accessible by authorised personal. Doors and windows are locked at a predetermined time and care staff note they check the security of all doors and windows when they close the window covering in each resident's room at night and ongoing security checks occur over the evening and night. Currently, due to the Covid-19 restrictions, all visitors can only visit with a prior appointment and must come via the front reception, to enable appropriate screening to occur.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating	FA	Atawhai uses heat pumps for warmth and cooling in some rooms and wall mounted radiator heating in other areas. The maintenance coordinator advises the ambient temperature can be adjusted in

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		different areas to ensure it is appropriate for the residents and the season. Windows throughout the facility provide natural light and can be opened. There are security latches in-situ. All indoor areas were warm and well ventilated throughout the audit and residents and family members interviewed confirmed the facilities are maintained at a comfortable temperature. There is a designated area for residents to smoke or vape on site.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Atawhai provides a managed environment that minimises the risk of infection to residents, staff, and visitors through the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by the IPC programme and a comprehensive and current infection control manual, developed at organisational level. The infection control programme and manual are reviewed annually.</p> <p>A charge nurse 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 quality/risk, staff, RN meetings, on the staff noticeboard and at handover. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The RCM is informed of any IPC concern.</p> <p>Entry to Atawhai at the time of audit, was restricted due to Covid-19 restrictions. Visiting is by appointment only for 30 minutes. All visitors must produce evidence of vaccination, sign a disclosure statement, and wear a mask. Some visitors who are unvaccinated may visit, with the approval of the BCM, however visits must occur outside and under strict protocols. Atawhai offers staff routine saliva testing to detect Covid-19, this at the time of audit was voluntary and undertaken fortnightly. A Covid-19 pandemic plan exists to ensure all staff are aware of actions to take at each traffic light level. Notices around the facility guide staff visitors and residents of Covid-19 updates, as do regular emails and newsletters.</p> <p>Regarding other illnesses, 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 related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human,</p>	FA	The present infection control nurse (ICN) has appropriate skills, knowledge, and qualifications for the role, however, is only doing this role in a relieving capacity till the new CM takes over. The previous CM had been managing the IPC programme prior to resigning. The ICN has undertaken recent online training in infection prevention and control through the HBDHB as verified in training records

physical, and information resources to implement the infection control programme and meet the needs of the organisation.		<p>sighted. Well-established local networks with the infection control team at the HBDHB are available and expert advice from the organisation's infection control advisor is available if required. The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICN confirmed the availability of resources to support the programme and any outbreak of an 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>	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>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 yearly education sessions (refer criterion 1.2.7). 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. An example of this occurred when there was a recent scabies outbreak in March 2021 and an increase in eye infections early 2021.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, Covid-19 vaccination, 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 of infections at Atawhai 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 electronic clinical record. A short-term care plan is generated as is notification of an infection in the organisation's electronic database. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. An increase in eye infections, led to the creation of eye packs, training on their use, and carrying out eyecare on residents. Surveillance data evidence a reduction in eye infections since the implementation of these packs.</p> <p>The ICN, CM and BCM review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality, RN, and staff meetings and at staff handovers. 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.</p> <p>A good supply of personal protective equipment is available. Atawhai 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 (last reviewed and updated in March 2021) provide guidance on the safe use of both restraints and enablers. Enablers are only used when competent residents request, to aid freedom of movement. There were seven residents with enablers in use at the time of audit. The assessment and consent for the use of enablers was present in the two applicable sampled files. A resident interviewed confirmed the use of an enabler was at their request to aid freedom of movement.</p> <p>The restraint coordinator is the new clinical manager who is currently orientating to the role with the assistance of a clinical manager from another Oceania care home. The position responsibilities are documented. Other staff interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities. Training on the use of restraint and enablers is included in the orientation and ongoing education/staff knowledge assessment programme, and records of this were sighted.</p> <p>There were no residents using restraints during audit. The restraint register and staff interviews confirmed there has been one resident with restraint used (bedrails with cover) which was discontinued in late 2021 at the resident's discharge. This resident's records have been archived and were not available for review during audit. The nursing staff interviewed noted the use of restraint must be assessed as required and be used as a last resort, requires the written consent of the</p>



		<p>resident or enduring power of attorney, the restraint coordinator and the general practitioner prior, and be included in the resident's care plan including specific individualised monitoring requirements.</p> <p>There are two monthly restraint committee meetings on site (most recently 13 January 2022), where restraint use is monitored, staff training and needs evaluated, compliance with policy reviewed, and any adverse events (if applicable) associated with restraint are discussed. The three last restraint meeting minutes were sighted and noted evaluations have occurred of restraint use in accordance with the organisation's policy, staff are appropriately trained, and there have been no adverse events at Atawhai associated with the use of restraint. Health care assistants interviewed were aware of the difference between restraints and enablers and discussed the monitoring requirements of residents in the event restraints are in use.</p> <p>There is a national restraint minimisation meeting which occurred during the national clinical governance committee meeting on 13 May 2021. This committee monitors the use of restraint across all Oceania facilities per quarter and the stated intention is working towards having 'zero restraint'. The use of restraint at Oceania facilities is trending downwards.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.