Oceania Care Company Limited - Atawhai Lifestyle Care & Village

Introduction

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

The audit has been conducted by Central Region's Technical Advisory Services 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: 23 May 2017 End date: 24 May 2017

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

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

Atawhai Rest Home and Village can provide care for up to 82 residents. There were 76 residents at the facility on the first day of the audit.

This surveillance audit was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board. The audit process included the review of policies, procedures, and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer.

The business and care manager is responsible for the overall management of the facility including clinical care and is supported by an acting clinical manager, and regional and executive management team. Service delivery is monitored.

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.

Family are updated if any changes occur in a resident's condition in a timely manner. Resident and family meetings are held every two months. Interpreter services are accessed when required and a multicultural staff mix enables interpretation by staff where appropriate.

Open communication between staff, residents and families is promoted and confirmed.

A complaints register is maintained and up to date. Complaints are investigated within the required timeframes and documentation is maintained.

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.

Atawhai Rest Home and Village implemented the Oceania Healthcare Limited quality and risk management system that supports the provision of clinical care and support. Policies are reviewed and business status reports facilitate the monitoring of service delivery. Benchmarking reports are produced that include clinical indicators, incidents/accidents, infections and complaints.

There are human resource policies implemented, including recruitment, selection and orientation. Staff receive education at orientation and as part of the ongoing training programme. Rosters are adjusted to meet numbers of residents in the facility and acuity levels. Staff are allocated to support residents as per their individual needs. Staff, residents and family confirm staffing levels are adequate, and residents and relatives have access to staff when needed.

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.

Residents are assessed by registered nurses on admission and their needs assessments are completed within the required timeframes.

Person centred care plans are individualised and based on an InterRAI assessment and a comprehensive and integrated range of clinical assessments. Short-term care plans are in place to manage short-term problems. Residents' records reviewed demonstrate their needs, goals and outcomes are identified and reviewed at regular intervals. Residents and their families confirmed they are informed and involved in care planning and evaluation of care. Handovers guide continuity of care.

The diversional therapist manages by the activities programme which is reviewed annually. The programme provides residents with a variety of individual and group activities, including additional activities for younger people. The service uses their facility bus for outings in the community.

Medicines management occurs according to policies and procedures which are in alignment with legislative requirements and implemented using an electronic system. Medicines management competencies were current for staff who administer medicines.

The food service meets the nutritional and other specific needs of the residents. Staff completed food safety qualifications. The kitchen was uncluttered and meets food safety standards. Residents confirmed 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.

There is a current building warrant of fitness. There have been no building modifications since the last audit.

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 implements policies and procedures that support the minimisation of restraint. Enabler use is voluntary. There were eleven enablers in use and six residents using eight restraints at the time of audit. Restraint is only used as a last resort when all other options have been explored. Staff interviews confirmed understanding of the restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.

The infection control surveillance activities are appropriate to the size and scope of the services. Infection control management systems are in place to minimise the risk of infection to residents, visitors and staff. Infection data is collated monthly, analysed and reported to Oceania Healthcare Limited support office, management and staff. Results of the surveillance are acted upon, evaluated and reported.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	41	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 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The organisation's complaints policy and procedures are in line with the Code and include periods for responding to a complaint. Complaint forms are available at the entrance. A complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; the outcome and agreed action. The complaints register includes documentation of verbal complaints. Evidence relating to each complaint lodged is held in the complaints folder. Complaints reviewed in 2017 indicated that the complaints are investigated promptly with the issues resolved in a timely manner. The business and care manager is responsible for managing complaints. Residents and family confirmed complaints are dealt with as soon as they are identified. Residents and their families are able to raise any issues they have during resident meetings, as confirmed during interviews. Projects have been completed as a result of identifying shortfalls through review of complaints, adverse events monitoring and suggestions from residents. The business and care manager stated that there had been no complaints with the Health and Disability Commission since the previous audit or with other external authorities.

Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Information is provided to residents and their families as part of the information admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details information about the services that are included in service provision, including details of services that will incur cost outside the subsidy agreement, including add on costs for premium accommodation charges. Two monthly resident meetings provide information and an opportunity for resident input. Residents in the rest home and hospital, as well as family members, confirmed that they are aware of staff responsible for their care and that staff communicate well with them. Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and families. The residents' files reviewed provided evidence that communication with family members is documented in residents' records. There is evidence of communication with the general practitioner (GP) and family following adverse events. Residents and family members stated they are kept informed about any changes to their relative's status, are advised in a timely manner about any incidents and outcomes of medical reviews. This was supported in residents' records reviewed. There was evidence of resident/family input into the care planning process. Staff interviewed demonstrated understanding of the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code). Interpreter services are available through the district health board (DHB), if required. Staff knew how to access this service if needed but reported this was rarely required, as the facility has a multicultural staff mix, which enables staff to act as interpreters.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Atawhai Rest Home and Village is part of Oceania Healthcare Limited (Oceania) with the executive management team including the chief executive, general manager, regional manager, operations manager and clinical and quality managers providing support to the service. There are values, goals and a philosophy documented in the strategic overview of the service. The strategic plan also includes a marketing plan and a strengths, weaknesses, opportunities, and threats analysis. These are communicated to residents, staff and family through information in booklets and in staff orientation and the web site. Communication between the service and managers takes place on at least a monthly basis. The operations manager, senior clinical and quality manager and the clinical and quality manager provided support during the audit. The facility can provide care for up to 82 residents. During the audit there were 76 residents living at the

		facility including 30 residents requiring rest home level of care and 46 residents requiring hospital level of care, these numbers include 3 young people with disabilities. The service also has a contract to provide intermediary care with three beds available for residents requiring these. One was occupied on the day of the audit. The business and care manager is responsible for the overall management of the facility and had been in the role for one year with three years operational and business management experience.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The facility has a documented quality risk management framework incorporated in the business plan, to guide practice. The service has implemented organisational policies and procedures to support service delivery. All policies are subject to reviews as required with all policies current. Policies are linked to the Health and Disability Service Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies were noted to be readily available to staff in the staff room. New and revised policies are signed by staff to confirm they have read and understand them. There are monthly meetings that include the following: staff; health and safety; and infection control. Quality activities and weekly management meetings also occur. Minutes of all these meetings are documented. All staff interviewed reported they are kept informed of quality improvements. The organisation has a risk management programme in place. Health and safety policies and procedures are in place for the service. This includes a documented hazard management programme and a hazard register for each part of the service. There is evidence that any hazards identified are signed off as addressed and risks minimised or isolated. Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections and implementation of an internal audit programme. Quality improvement data is analysed for opportunities to improve service delivery. Corrective action plans are documented. The business and care manager and the acting clinical manager can describe how issues have been addressed.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the	FA	The business and care manager and the acting clinical manager are aware of situations in which the service would need to report and notify statutory authorities including: police attending the facility; pressure injuries; unexpected deaths; critical incidents and infectious disease outbreaks. There has been one documented event since the previous audit when authorities have been notified in regard to an outbreak. The Ministry of Health and the district health board have been notified of changes in management roles.

service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand elements of the adverse event reporting process and are able to describe the importance of recording near misses. Incident/accident reports reviewed had a corresponding note in the progress notes to inform staff of the incident/accident. Information gathered around incidents and accidents is analysed with evidence of improvements put in place. Incident/accident reports are signed off by the business and care manager.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	Human resource policies and processes are in place and implemented. All registered nurses (RN) hold current annual practising certificates and visiting practitioners' practising certificates reviewed were current. Visiting practitioners include: general practitioners; pharmacists; dietitian; podiatrist; and physiotherapist. Staff files include employment documentation such as: job descriptions; contracts; and appointment documentation on file. Police and drug checks are completed and an annual appraisal process is in place with all applicable staff having a current performance appraisal. All staff have completed a comprehensive orientation programme. Staff are able to articulate the buddy system that is in place and that the competency sign off process is completed. Mandatory training is identified on a training schedule. A training and competency file is held for all staff, with folders of attendance records and training with electronic documentation of all training maintained. The service has a varied approach to ensuring that staff receive annual training that includes attendance at training sessions and annual individualised training around core topics. The training register and training attendance sheets demonstrate staff completion of annual medication and competencies. Five of the sixteen registered nurses (including the business and care manager) have completed InterRAI training. Staff have completed training around pressure injuries in 2017.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy. The staffing policy is the foundation for workforce planning. There are 89 staff, including clinical staff, staff who facilitate the activities programme and household staff. There is always a RN on each shift. The business and care manager is on call. If the business and care manager is on leave, the acting clinical manager takes the on call role. Evidence reviewed and observations confirmed residents requiring hospital level of care were well supported with a RN on duty at all times. Residents requiring rest home level of care were encouraged to

		be as independent as possible. Residents and families interviewed confirm staffing is adequate to meet the residents' needs.
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	The medicine management system is documented and implemented and complies with legislation, protocols and guidelines. The service uses pharmacy pre-packaged medicine that is checked by the RN on delivery. An electronic medication system is used. Weekly checks and six-monthly controlled drugs stocktakes are conducted and controlled drugs registers were up-to-date. The medication refrigerator temperatures are monitored. The service has a system is in place for returning expired or unwanted medications to the pharmacy. All medications are stored appropriately. The staff administering medication complied with the medicine administration policies and procedures. Current medication competencies were evident in staff files sampled. There were no residents who self-administered medications on audit days.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	Meals are prepared on site. The seasonal menu has been reviewed by a dietitian. Kitchen staff have current food management handling/food safety certificates. Diets are reviewed and modified. The kitchen manager confirmed awareness of the dietary needs of residents. Residents' dietary profiles are developed on admission which identify the residents' daily dietary requirements and preferences. The dietary profiles are communicated to kitchen staff on the resident's admission to the facility. When a resident's dietary needs changes the kitchen is informed. Nutritional assessments are reviewed six monthly. Supplements are provided to residents with identified weight loss problems. Food containers are labelled and dated and decanted food had records of expiry dates recorded. Records of temperature monitoring of food, fridge refrigerators and freezers are maintained. Regular cleaning is undertaken. Food services comply with current legislation and guidelines. Interviews with residents and their families confirmed satisfaction with the food service.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed	FA	Residents' care plans are based on assessed needs, desired outcomes and goals of the residents. Care plans are completed by registered nurses and include specific interventions for both long-term and the short-term problems. The GP documentation and records are current. Interviews with residents and families confirmed care and treatments meet their needs. Staff interviews confirmed they are familiar with the needs of the residents. Family communication is recorded in the residents' files. The nursing progress notes and observation charts

needs and desired outcomes.		are maintained.
Standard 1.3.7: Planned Activities 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.	FA	The activities programme is developed and implemented by a diversional therapist (DT). The residents' activities assessments are conducted by the DT within three weeks of the residents' admission to the facility. Residents' interests are recorded during an interview with the resident and their family. The activity care plan is part of the long-term care plan and reflects the residents' preferred activities. There was evidence the activities staff are part of the evaluation process. The residents and their families reported satisfaction with the activities provided. During the on-site audit the residents were observed engaging in a variety of activities and outings. Past minutes of residents' meetings are displayed on notice boards for resident and family information.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Long-term and the short-term care plans are evaluated in a timely manner. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Residents' responses to the treatment are documented. Changes in the interventions are initiated when the desired goals/outcomes are not achieved. The short-term care plans reviewed were signed, dated and closed out when the short-term problem had resolved. Short-term care plans are developed when needed. Short-term goals and required interventions are identified for short-term problems.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness is posted in a visible location at the entrance to the facility. There have been no building modifications since the last audit.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection	FA	The infection control surveillance policy identifies the requirements around the surveillance of infections. The infection logs are maintained and collated monthly by the infection control nurse (ICN). A RN is the infection prevention and control nurse. Collated infection control data is communicated as clinical indicators to the Oceania support office, management and staff. The GP interview confirmed infections are reported in a timely manner. In interviews with staff reported they are made aware of infections through feedback from the RNs, verbal handovers, short-term care plans and progress notes. A scabies outbreak was managed

control programme.		adhering to the organisation's policies and appropriately reported to the public health officer.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The Oceania Healthcare Limited (Oceania) restraint minimisation and safe practice handbook and policies comply with legislative requirements. The restraint coordinator is the acting clinical manager. A signed position description was sighted. There were eleven residents using enablers and six residents using eight restraints during the on-site audit days. The restraint register is maintained and current. Required documentation relating to restraint is recorded. Staff receive restraint education via the Oceania study days and RN study days.

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, 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

End of the report.