

# Oceania Care Company Limited - Atawhai Rest Home and 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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Atawhai Rest Home and Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 26 August 2020 End date: 27 August 2020
<b>Proposed changes to current services (if any):</b>	Audit included review of the reconfiguration of 14 rest home level beds to 14 dual purpose beds. The total dual-purpose beds is 83.
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 80</b>	



# 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
Yellow	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
Red	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 provides rest home and hospital level care for up to 83 residents. There were 80 residents at the facility on the first day of the audit.

This unannounced surveillance audit was conducted against the relevant Health and Disability Services Standards, and services contracted with the district health board.

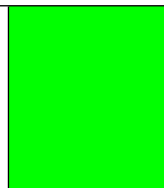
The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, family members, management, staff and a general practitioner.

Areas requiring improvement from the previous audit, relating to documentation of corrective actions and observations following a fall, have been closed out.

There were no corrective actions from 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.

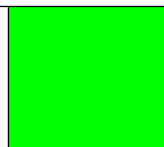
Information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights is accessible to residents and families. Information is provided to residents on admission and available within the facility. Residents and family members confirmed their rights are being met, staff are respectful of their needs and communication is appropriate.

Open communication between staff, residents and families is promoted, and documentation confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

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.

Oceania Healthcare Limited is the governing body responsible for the services provided at this facility. The mission, vision and values of the organisation are documented and communicated to all concerned.

An experienced business and care manager oversee the facility with the support of a regional manager. A clinical manager supervises the clinical services supported by a regional clinical and quality manager and registered nurses. The clinical manager is a registered nurse.


The facility implements Oceania Healthcare Limited's quality and risk management systems that includes collection and analysis of quality improvement data, identifies trends and informs quality improvements. Quality and risk performance is monitored through the organisation's reporting systems. An internal audit programme is implemented.

Policies and procedures support service delivery and are current and align with good practice, legislation, and guidelines. Monthly reports to the national support office allow for the monitoring of service delivery.

The Oceania Healthcare Limited human resource policies and procedures are documented and implemented by Atawhai Rest Home and Village. Newly recruited staff undertake orientation appropriate to their role. Practising certificates for staff and contractors who require them, are validated annually.

Staffing levels within the facility are sufficient to meet the needs of the resident's acuity needs.

## 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.
--	---	--

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after admission.

The interRAI assessment is used to identify residents' needs and these are completed within the required timeframes. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis.

Person centred care plans are developed using an electronic system and implemented within the required timeframes. They are individualised and based on an integrated range of clinical information. Residents' needs, goals and outcomes are identified. All residents' files reviewed demonstrated that evaluations were completed at least six-monthly. Residents and their relatives are involved in the care planning process and notified regarding any changes in a resident's health status.

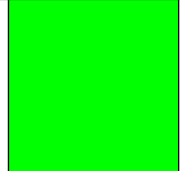
Short term care plans are in place to manage short term issues or problems as they arise. Handovers between shifts guide continuity of care and teamwork is encouraged.

An electronic medication management system is in place. Medication management is in line with legislation and contractual requirements. Medications are administered by registered nurses and health care assistants who have completed current medication competency requirements.

The activity programme is managed by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community. The service uses its facility van for outings in the community. Family are able to participate in the activities programme.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control certificate. Kitchen staff have food safety qualifications.

## 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.
--	--	--

A current building warrant of fitness is displayed. There had not been any alterations to the building 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.

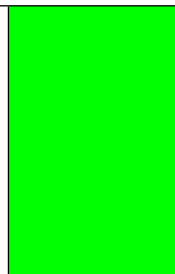


Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. On the day of the on-site audit, one restraint and nine enablers were in use. Restraint is only used as a last resort when all other options have been explored. Enablers are voluntary.

## 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 programme is appropriate to the size and complexity of the service. The infection control nurse is a registered nurse. Infection data is collated, analysed, trended and benchmarked. Monthly surveillance data is reported to staff and to the Oceania Healthcare National Office. There has been one outbreak since the previous audit.



## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	39	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The BCM is responsible for complaints management. 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. Residents and families interviewed were aware of how to make a complaint. The complaints forms are displayed and accessible within the facility. Staff interviewed confirmed their awareness of the complaints process.</p> <p>The complaints register reviewed showed that all written and verbal complaints received over the past year have been reviewed and actions taken, through to an agreed resolution. All written and verbal complaints are documented and completed within required timeframes. Action plans show any required follow up and improvements have been made where possible.</p> <p>The BCM advised that there had been no complaints laid with external agencies since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their relative's status and were advised in a timely manner about any accidents/incidents and outcomes of any urgent medical reviews. This was supported in residents' records reviewed. Staff interviews confirmed and understanding of the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Health and Disability Code of Health and Disability Services Commission rights (The</p>

<p>environment conducive to effective communication.</p>		<p>Code).</p> <p>Residents reported that they are informed of residents' meetings which are held monthly and that they receive the facility newsletter. The facility newsletter was increased to monthly during the COVID-19 level 4 lockdown to keep both residents and families informed. Review of meeting minutes evidenced information such as verbal complaints and survey results is shared, and that there is an opportunity to provide feedback on services. Interviews with residents and families evidenced that the business and care manager (BCM) has an open-door policy and is approachable to answer any concerns or questions that arise.</p> <p>Residents' needs for interpreting services are discussed at the time of entry to services. Access to interpreters is organised through families, community groups or the district health board (DHB). Specific care arrangements made for residents with communication impairments are observed. There were no residents requiring the services of an interpreter at the time of audit.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Atawhai Rest Home and Village (Atawhai) is part of Oceania Healthcare Limited (Oceania) and follows the overarching direction and strategic plans of the organisation. These are reviewed by the organisation's board and senior management team each financial year. The executive team provides support to the facility with the regional clinical and quality manager (CQM) and a regional BCM providing support during this on-site audit. The BCM provides the executive management team with monthly progress against identified indicators. Oceania Healthcare Limited has an overarching business plan and Atawhai has a business plan specific to the facility. The organisation's philosophy and strategic plan reflect a person/family centred approach.</p> <p>The organisation's values were visible on display in the dining room, in the facility building.</p> <p>The facility is managed by a BCM who has been in this role for four years. The BCM has been employed by Oceania for seven years and has previous experience in the management of food service for Oceania. The BCM is supported by a clinical manager (CM) and the regional CQM. The CM who was not present at the audit, has been in the role for the past three years and is support in the role by three charge nurses, each allocated a specific wing in the facility.</p> <p>The BCM and CM maintain their knowledge of the sector through representation and participation in aged-care forums and seminars.</p> <p>The facility can provide rest home and hospital level care for up to 83 residents. The facility is certified for 83 dual purpose beds. The reconfiguration relates to the adjustment of 14 rest home beds to 14 dual purpose beds including 25 occupational right agreements (ORAs).</p> <p>At the time of the audit there were a total of 80 residents in the facility, 34 receiving rest home care, 46 receiving hospital level care including 21 with rest home ORAs and four hospital level ORA's. Included in</p>

		<p>these numbers were three people under 65 years, with physical disabilities, under the young people with disabilities (YPD) contract, two were assessed as requiring hospital level care and one assessed at rest home level care.</p> <p>The facility has contracts with the DHB for the provision of hospital and rest home level of care, long term support - chronic health conditions and respite and day care services. There were no residents receiving care under the respite and day care services contracts</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Atawhai Rest Home and Village utilises Oceania's quality and risk system, that reflects the principles of continuous quality improvement.</p> <p>The Oceania management group reviews all policies with input from relevant experts. Policies reviewed cover the necessary aspects of the service and contractual requirements, including reference to the interRAI long term care facility (LTCF) assessment and process. Policies include references to current best practice and legislative requirements. New and revised policies are presented to staff at staff meetings and policy updates are also provided as part of relevant in-service education. Staff interviewed confirmed that they are provided with new and revised policies and opportunity to read and understand the policy.</p> <p>The document control system ensures a systematic and regular control process, including the approval, distribution, and removal of documents.</p> <p>Service delivery is monitored through the organisation's reporting systems and includes: management of incidents and complaints; audit activities; a regular patient satisfaction survey; monitoring of outcomes; clinical incidents including infections; falls; medication errors; sentinel events; weight loss and wounds.</p> <p>The internal audit programme is documented and implemented as scheduled. Internal audits cover all aspects of the service and are completed by the BCM. Audit data is collected, collated and analysed. Where improvements are required following internal audits, corrective actions are developed. Interviewed staff reported that they are kept informed of audit activities and results at staff meetings.</p> <p>Facility meetings are conducted, for example general staff, quality improvement, and resident meetings monthly. Minutes of meetings evidenced communication with staff around aspects of quality improvement and risk management.</p> <p>Clinical indicators are collated monthly and benchmarked against other Oceania facilities.</p> <p>A review of the quality management data evidenced corrective action plans were completed using the Oceania template. Documentation included the person responsible for implementation and timeframes required. These were adhered to and evaluated as to the effectiveness of the plan. The previous requirement for improvement, to ensure that corrective actions documented in meeting minutes and</p>

		<p>complaints management, include the required person and the timeframes for implementation, is now closed.</p> <p>Atawhai Rest Home and Village has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There was evidence of hazard identification forms completed when a hazard was identified and that hazards are addressed, and risks minimised. A trained health care assistant (HCA) is the health and safety officer. A current hazard register was sighted. Staff interviewed confirmed awareness of the process to report hazards.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Essential notification of reported events is the responsibility of the BCM. The BCM and CQM demonstrated in interviews they were aware of situations in which the service would need to report and notify statutory authorities including police attending the facility; unexpected deaths; sentinel events; notification of a pressure injury, disease outbreaks and changes in key managers. Staff interviewed understood the adverse event reporting process in relation to their professional practice and regulatory requirements. They were also able to describe the importance of reporting near misses.</p> <p>Staff who witness an event or if first to respond to an event, document the adverse, unplanned or untoward accident/incident in an electronic management system. This system creates an automatic log of tasks to do as appropriate, such as neurological observations, falls assessments and contact with family members. The system automatically develops a report of incomplete tasks at the end of each shift. The CM is responsible for reviewing the lodged clinical accident/incident forms and the BCM nonclinical accidents/incidents. Results from accidents/incidents inform quality improvement processes and are discussed at facility meetings. Family interviewed confirmed that they are notified where the resident has had an accident or a change in health status.</p> <p>The previous requirement for improvement, to ensure unwitnessed falls consistently record neurological observations, is now closed.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes: referee checks; police vetting; validation of qualifications; a position specific job description; signed employment contract and annual practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Professional qualifications are validated and there are systems in place to ensure that APCs and practitioners' certificates are current. Current certificates were evidenced for staff and contractors that require them.</p>

		<p>A copy of a current driver's license and first aid certificates are obtained for all drivers of the van.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff records reviewed show documentation of completed orientation.</p> <p>The organisation has a documented role specific mandatory annual education and training module/schedule. The mandatory continuing education included but was not limited to: infection control, restraint/enabler use, moving and handling. Interviews confirmed that all staff, including RN's undertake relevant education each year and that an appraisal schedule is in place. Staff education records evidenced on-going training and education is completed. Sixteen of the nineteen RNs were identified as interRAI competent.</p> <p>Staff files reviewed show consistent documentation of annual performance reviews.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The BCM uses a regional Oceania pre-populated roster that documents a process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, 7 days a week. The facility adjusts staffing levels to meet the changing needs of residents and sickness by flexing the current roster.</p> <p>Registered nurses and HCAs interviewed stated there were adequate staff available to complete the workload and specific tasks allocated to them. Residents and family interviewed support this.</p> <p>The ORAs are incorporated into the existing dual-purpose facility configuration. There is a nurses' station in each wing and a charge nurse dedicated to the area on morning shifts, Monday through to Friday.</p> <p>Review of a four-week roster cycle confirmed staff cover, including RN coverage, is provided in line with the requirements of the DHB contract, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</p> <p>The BCM, CM and/or a senior RN are on call after hours and weekends seven days a week to support the facility with emergency matters.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A current medication management policy identifies all aspects of medicine management in line with current legislation and guidelines.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices in line with legislation, protocols and guidelines were observed. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities were consistently documented on the electronic medication chart.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or</p>

		<p>unwanted medication to the contracted pharmacy. There are no standing orders used at the facility.</p> <p>Review of the medication fridge evidenced that the service does not store or hold vaccines and interviews with the RN confirmed this. The medication refrigerator temperatures are monitored weekly.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks and six-monthly stocktakes of medications are conducted in line with policy and legislation.</p> <p>The staff were observed administering medication and at interview demonstrated knowledge and clear understanding of their roles and responsibilities related to each stage of medication management and that they complied with the medicine administration policies and procedures. The RNs oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness on the electronic medication record was sighted. Current medication competencies were evident in staff files.</p> <p>There were four residents self-administering medication during the on-site audit. Self-administration of medication was carried out in accordance with Oceania policy. A process is in place to ensure ongoing competency of the residents and self-administration of medication is authorised by the GP.</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>All meals are prepared on site and served in the dining room or in the residents' rooms if requested. The seasonal menu has been reviewed by a dietitian, with the winter menu implemented at the time of audit. The food control plan is current. Food management training and certificates for chefs and kitchen staff were sighted.</p> <p>Food temperatures are monitored appropriately and recorded. The kitchen staff have relevant food hygiene and infection control training. The kitchen was observed to be clean and the cleaning schedules sighted.</p> <p>A nutritional assessment is undertaken for each resident on admission by the RN to identify the residents' dietary requirements and preferences. The dietary profiles are communicated to the kitchen staff and updated when a resident's dietary needs change and when dietary profiles are reviewed six-monthly. Diets are modified as needed and the chef interviewed confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning.</p> <p>Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. There were sufficient staff to ensure appropriate assistance was available. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges, a freezer and cool store. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in</p>

		the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.
<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>Long-term care plans are completed by the RN and based on assessed needs, desired outcomes and goals of residents. Care planning includes specific interventions for long-term problems. Short-term care plans are in place for all short-term problems.</p> <p>The GP interviewed visits the facility three times a week. They verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. There is evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds are assessed in a timely manner and reviewed at appropriate intervals. Where wounds required additional specialist input, this was initiated.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date.</p> <p>The nursing progress notes are recorded and maintained. Family communication is recorded in the progress notes. Interviews with residents and families confirmed that care and treatment met residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The residents' activities programme is implemented by a diversional therapist. Activities for the residents are provided five days a week, Monday to Friday. However, an activities coordinator has recently been employed to enable a seven day a week programme. The activities programme was displayed on the resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate: education; leisure; cultural; spiritual and community events. Regular van outings into the community are arranged.</p> <p>The residents under the YPD contract confirmed that they were satisfied with activities that were provided, for example a personal garden space to develop and care for, trips to the garden centre and outings to maintain their community links.</p> <p>The residents' activities assessments are completed within three weeks of the residents' admission to the facility in conjunction with the admitting RN. Information on residents' interests, family and previous occupations are gathered during the interview with the resident and their family and documented. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit</p>



		residents were observed engaging and enjoying a variety of activities.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN.  Person centred care plans are evaluated every six months in conjunction with the interRAI reassessments or if there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.  Residents and families interviewed confirmed involvement in the evaluation process and any resulting changes. Contact with family was verified in the resident's records and documented in the individual resident files reviewed.
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 publicly displayed. There have not been any structural alterations to the building 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 control programme.	FA	Oceania Healthcare surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. The infection control nurse (ICN) is responsible for infection prevention and control in the facility and has a signed position description, which includes requirements of the role and responsibilities.  Internal infection prevention and control audits are completed. Infection data is collated monthly by the CM and is submitted to Oceania national office. Monthly surveillance data is collated and analysed to identify any trends, possible aetiology and any required actions. This data is reported at the monthly infection control meeting and at the monthly staff, clinical and quality meetings. A monthly infection control report is posted on the staff noticeboard.  Interview with the ICN confirmed there has been one outbreak in March 2020. Documentation reviewed confirmed that this had been managed and reported as required.  COVID-19 information is available to all visitors to the facility. Oceania information including Ministry of Health information was available on-site. Infection prevention and control resources were available should a

		resident infection or outbreak occur. During the audit two residents were in precautionary isolation with unrelated symptoms. Staff interviews identified the GP had seen the residents and no further action was required.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The CM is the restraint coordinator and has undertaken training for this role.</p> <p>On the day of audit there was one resident using a restraint (bedrails) and nine residents using enablers (bedrails). Restraint is used as the last resort after all other alternatives have been tried. Use of enablers is voluntary. This was evident from documentation reviewed and staff interviews. The restraint register was sighted. Restraint minimisation and safe practice education is provided to all staff at orientation/induction to the service and ongoing education is provided to staff annually.</p>

## Specific results for criterion where corrective actions are required

---

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

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

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

No data to display
--------------------

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.