

Oceania Care Company Limited - The Bellevue

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: The Bellevue

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

Dates of audit: Start date: 12 January 2022 End date: 13 January 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: 12

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

General overview of the audit

The Bellevue Home and Village provides rest home and hospital level care for up to 90 residents.

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

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

There were no areas requiring improvement identified as part of this audit. The previous corrective action relating to the requirement for all staff to undertake an appropriate orientation is closed.

Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. | | Standards applicable to this service fully attained. |
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), and these are respected. Personal privacy, gender, independence, individuality and dignity are supported. Staff interact with residents in a respectful manner.


Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Additional communication devices, such as word boards, are used for those with speech difficulty. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet residents' needs.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |
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Oceania Healthcare Limited is the governing body and is responsible for the services provided at this facility. The mission, vision, and values of the organisation are documented and communicated to all concerned. There are systems in place for monitoring the services provided, including regular reporting to the general manager group facilities.

The facility is managed by an experienced and qualified village and care manager, who has aged care experience. They have been in this position since the opening of the facility April 2021. The clinical manager is responsible for the oversight of the clinical services in the facility.

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

There are policies and procedures on human resources management. A mandatory education programme is provided for staff. There is a documented rationale for determining staffing levels and skill mixes to provide safe service delivery that is based on best practice.

Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. | | Standards applicable to this service fully attained. |
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

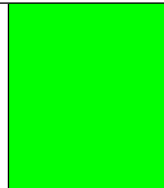
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

The building has a current code of compliance displayed. There is a reactive and preventative maintenance programme, including equipment and electrical checks. Fixtures, fittings and floor and wall surfaces are made of suitable materials for this environment.

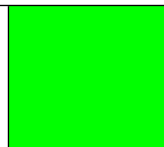
Residents' bedrooms are of an appropriate size for the safe use and manoeuvring of mobility aids, and to allow for care to be provided. Lounges, dining areas, and sitting alcoves are available for residents and their visitors. External areas and gardens are safe for residents to mobilise around.

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

Protective equipment and clothing are provided and used by staff. Chemicals are safely stored. The laundry service is conducted off-site. Cleaning of the facility is conducted by household staff and monitored for effectiveness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical manager who is a registered nurse.

On the day of the on-site audit, there were no restraints or enablers in use. Restraint is only used as a last resort when all other options have been explored.

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

Infection prevention and control

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

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

| 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) |
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| Standards | 0 | 45 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 92 | 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 |
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| <p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p> | FA | <p>Bellevue has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p> |
| <p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p> | FA | <p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form. Additional consents were sighted for COVID-19 vaccinations. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day to day care.</p> |

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| <p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p> | <p>FA</p> | <p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. There were no examples of advocacy services being required.</p> |
| <p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p> | <p>FA</p> | <p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. There is a café on the ground floor where residents and visitors can meet and purchase coffee and snacks.</p> |
| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | <p>FA</p> | <p>Policies and procedures relating to complaints management are compliant with Right 10 of the Code. Systems are in place that ensure residents, and their families are advised on admission to the facility of the complaint process and the Code. The complaints forms are displayed and accessible within the facility. Staff interviewed confirmed their awareness of the complaints processes. Residents and families demonstrated an understanding and awareness of these processes.</p> <p>The village and business manager (VCM) is responsible for complaints management. A complaints register is maintained. The register noted no complaints have been received since the opening of the facility.</p> <p>There are no other complaints currently with any other external agencies.</p> |
| <p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p> | <p>FA</p> | <p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the admission information provided, from discussion with staff and the Code has been discussed at resident meetings. The Code is displayed in the reception area and in the staff room in English and te reo Māori. This also includes information on advocacy services.</p> |

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| <p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p> | <p>FA</p> | <p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room although there are rooms designed for couples if requested.</p> <p>Residents are encouraged to maintain their independence by attending community activities and engaging in life at the facility. Care plans included documentation related to the 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 was confirmed to occur during orientation and annually.</p> |
| <p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p> | <p>FA</p> | <p>The service has a Māori policy and procedures that guides staff and gives guidance on tikanga best practice. Any additional cultural support, if required, would be accessed locally, as confirmed by the village and care manager (VCM) interview. At the time of audit there were no residents who identified as Māori. There is one staff member who identifies as Māori.</p> <p>Staff can support residents in the service 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. The Māori Model of Care 'Te Whare Tapa Wha' guides staff in holistic care for Māori residents, though there were none at the time of audit. Residents and their family/whānau interviewed reported that staff acknowledge and respect their individual cultural needs.</p> |
| <p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p> | <p>FA</p> | <p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Residents' personal preferences, their required interventions and special needs were included in care plans reviewed such as exercise programmes and meal preferences. The resident satisfaction survey confirmed that individual needs are being met.</p> |

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| <p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p> | <p>FA</p> | <p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p> |
| <p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p> | <p>FA</p> | <p>The service encourages and promotes good practice through evidence based policies, input from external specialist services and allied health professionals, for example, a physiotherapist, wound care specialist, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice. Oceania holds regular study days for registered nurses (RNs) at a regional level.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | <p>FA</p> | <p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, although reported this has not been required due to all residents able to speak English. Communication cards for those with communication difficulties have been used. In the lounge, residents who are hard of hearing and wear hearing aids can obtain a receiver that enables them to hear the television clearer.</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>The Bellevue Village and Rest Home (The Bellevue) is part of Oceania Healthcare Limited (Oceania). The Oceania executive management team provide support to the facility with the regional operations manager and regional clinical manager (CM) providing support during the on-site audit. The VCM provides the executive management team with monthly progress against identified indicators.</p> <p>There is a clear mission of the organisation with values and goals and these are communicated to residents, staff, and family through posters at the entrance to the facility and in information</p> |

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| | | <p>booklets.</p> <p>The VCM is responsible for the overall management of the service and has been in this role since the facility opened in April 2021. The VCM has had experience in management of residential care facilities.</p> <p>The VCM is supported by a CM who is responsible for the oversight of clinical services. The CM is an RN with experience in aged residential care.</p> <p>The facility can provide care for up to 90 residents with 12 beds occupied on the day of the audit.</p> <p>This included:</p> <ul style="list-style-type: none"> - seven residents requiring rest home level care, with four under occupational rights agreements (ORAs). - five residents requiring hospital-level care, with three under ORAs. <p>The facility is over two levels with the upper level not currently utilised.</p> |
| <p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | <p>FA</p> | <p>The VCM discussed the on-call arrangements. During any absence of the VCM manager, the guest services manager (GSM) will carry out all the required duties under delegated authority. For any extended period of leave, the Oceania management team will provide support and cover. A senior registered nurse (RN) will be appointed to provide oversight of clinical care when required. As the facility residents' numbers increase, additional RNs will be appointed.</p> <p>Staff reported the current arrangements work well.</p> |
| <p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p> | <p>FA</p> | <p>The Bellevue uses the Oceania quality and risk management framework that is documented to guide practice.</p> <p>The service implements organisational policies and procedures to support service delivery, including policies on interRAI. All policies are subjected to reviews as required with all policies current. Support office reviews all policies with input from relevant staff and management. Policies are linked to the Health and Disability Services Standards and applicable legislation, and evidence-based best practice guidelines. Policies are readily available to staff. New and revised policies are introduced to staff at meetings and policy updates are also presented as part of relevant in-service education. Staff interviewed confirmed that they are alerted to new</p> |

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| | | <p>and revised policies and receive opportunities to read and understand the policies.</p> <p>Service delivery is monitored through complaints, review of incidents, key performance indicators, and implementation of an internal audit programme. Clinical indicators are collated monthly and benchmarked against other Oceania facilities.</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 relevant staff member. Audit data is collected, collated, and analysed at the facility. Results are reported on the electronic system which can be viewed by the Oceania national support office. Interviewed staff reported that they are kept informed of audit activities and results at staff meetings.</p> <p>Satisfaction surveys for residents and families are completed as part of the internal audit programme on a six-monthly basis. Interviews with staff, residents, and family confirmed a satisfaction survey was completed. The December 2021 survey had been collated and analysed and communicated to staff, family, and residents as evidenced in meeting minutes and interviews.</p> <p>Facility meetings are conducted, for example, staff and quality initiative meetings, and RN meetings, and residents' meetings. Minutes of meetings evidenced communication with staff around aspects of quality improvement and risk management.</p> <p>The Bellevue has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There was evidence of hazard identification forms completed when a hazard was identified. The VCM is responsible for maintaining the hazard register. The administrator is the health and safety officer and has received appropriate training.</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> | <p>FA</p> | <p>Staff understood the adverse event reporting process and were able to describe the importance of recording near misses. Staff are documenting adverse, unplanned, or untoward events in the electronic accident/incident management system. Incident/accident forms are completed by staff who either witnessed an adverse event or were the first to respond. The RN enters the accident/incident into the electronic management system. Accident and incident forms are reviewed by the CM and signed off when completed. The RNs undertake assessments of residents following an accident. The CM discussed the process of completion of neurological observations and falls risk assessments to be completed following accidents/incidents when appropriate. To date no recorded falls have resulted in injuries.</p> <p>Policy and procedures comply with essential notification reporting, for example, health and safety, human resources, and infection control. The VCM is aware of situations in which the</p> |

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| | | <p>service would need to report and notify statutory authorities, including police attending the facility, unexpected deaths, sentinel events, notification of a pressure injuries, infectious disease outbreaks, and changes in key clinical managers.</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. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented and records are maintained.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current. Current certificates were evidenced in reviewed records for all staff and contractors that required them.</p> <p>Staff orientation documentation sighted included necessary components to the role. Caregivers interviewed identified they are paired with a senior caregiver until they demonstrate competency on specific tasks, such as hand hygiene or moving and handling. Staff interviewed reported that the orientation process prepared them well for their role. Staff records reviewed showed consistent documentation of completed staff orientation. The previous corrective action related to staff orientation is now closed.</p> <p>The organisation has a documented mandatory annual education and training module/schedule. The mandatory study days of continuing education include infection control, restraint/enabler use, moving, and handling. There are systems and processes in place to remind staff of the required mandatory modules and competencies training dates. Interviews confirmed that all staff undertake at least eight hours of relevant education per year. Staff education records evidenced the ongoing training and education completed.</p> <p>Five RNs including the CM were identified as interRAI competent.</p> <p>Staff files reviewed also showed consistent documentation of a 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>Staffing levels meet contractual requirements. The CM are RNs who are available during weekends and on call after hours and weekends. Adequate on-site RN cover is provided 24 hours a day, seven days a week. Registered nurses are supported by enough caregivers.</p> <p>There is a documented rationale in place for determining service provider levels and skill mix to provide safe service delivery. Rosters are completed on an electronic system and overseen by the CM. Rosters sighted reflected that staffing levels meet residents' acuity and bed occupancy.</p> |

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| | | <p>Residents and families reported staff provide them with adequate care. Caregivers reported there are adequate staff available and that they can manage their work.</p> <p>The ORA units are located within the facility in close proximity to the nurses' stations. The residents who are receiving rest home and hospital level care in ORA units have their needs met within the environment in which they live with 24-hour care, and sufficient staffing and availability of RNs to meet their needs in accordance with the aged related residential care agreement.</p> <p>Ten section 31s have been completed since the opening of the facility, all are related to RN shortage. The CM worked as the RN to ensure coverage.</p> <p>There is a documented plan to increase staffing levels across the facility, related to the increase in occupancy and acuity levels of residents.</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>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable. Bellevue uses an electronic system with each staff member having a unique password to maintain privacy and only have access to information pertinent to their scope of practice.</p> <p>Archived records are held securely on site and are readily retrievable. Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> |
| <p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p> | FA | <p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC and GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic details, assessments, and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual</p> |

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| | | requirements. |
| <p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p> | FA | <p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident. A file reviewed showed appropriate documentation using the 'yellow envelope system' was sent and the family were kept informed when a resident was transferred to the district health board. The facility provides escorts for residents if family are unavailable to attend appointments.</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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage. Registered nurses complete the medication rounds with health care assistants competent to be a second checker for controlled drugs.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs, and this is documented into the system as a record. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>No residents currently self-administer their medications. There is an appropriate and safe system in place should a resident wish to self-administer their own medication.</p> <p>A medication error that occurred was handled appropriately and well documented with input from pharmacy to provide further training.</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> | FA | <p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years (next due August 2022).</p> <p>The qualified chef is supported by a team of staff and provides bakery items for the café for residents and visitors to purchase.</p> <p>All aspects of food management comply with current legislation and guidelines. The service</p> |

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| | | <p>operates with an approved food safety plan and registration from the Ministry of Primary Industries. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The chef has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements can be accommodated in the daily meal plan. Menus are circulated and include options for each meal. The chef attends resident meetings and responds to feedback and suggestions.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys and from resident meeting minutes.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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 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 gathered and recorded in a timely manner.</p> | FA | <p>Information is documented using validated nursing assessment tools, such as a pain scale, falls risk, skin integrity and nutritional screening, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and families confirmed their involvement in the assessment process. The physiotherapist confirmed that all residents are seen on admission.</p> |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and</p> | FA | <p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> |

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| <p>promote continuity of service delivery.</p> | | <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is 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> | <p>FA</p> | <p>Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. 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.</p> |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | <p>FA</p> | <p>The activities coordinator is currently completing the diversional therapy training and is supported by the guest services manager who provides events and outings for the independent living units. Together they provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and normal community activities, such as shopping trips, occur regularly. Māori Language week was celebrated, and further opportunities are being developed as the numbers of residents increases. A monthly calendar is provided to each resident and staff promote each days' programme.</p> <p>Resident meetings are held monthly with family invited and minutes showed evidence of suggestions and responses. Residents confirmed they have the choice to attend whatever activities they choose and that the staff were responsive in meeting their preferences.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | <p>FA</p> | <p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-</p> |

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| | | term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for wound infections. When necessary, and for unresolved problems, long term care plans are added to and updated. 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 | Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the dietitian. 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>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>There are policies and procedures in place for the management of waste and hazardous substances. The supplier of chemicals has conducted staff training on the use of chemicals. Safety data sheets were available and accessible for staff. Staff reported they have received training to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment appropriate to the risks associated with waste or hazardous substances being handled are provided and used by staff.</p> |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p> | FA | <p>A current code of compliance is displayed.</p> <p>There is a preventive and reactive maintenance programme in place. Staff are aware of the processes for reactive maintenance to ensure timely repairs are conducted. This was confirmed at care staff and maintenance staff interviews. The regional maintenance manager is currently undertaking the role of the maintenance person.</p> <p>Visual observation evidenced the facility and equipment are maintained to an adequate standard. This was confirmed in documentation reviewed and staff interviews. The testing and tagging of equipment and calibration of biomedical equipment was current.</p> <p>The external areas are safely, maintained and are appropriate to the resident group and setting. Residents are protected from risks associated with being outside. The gardens maintenance is currently still under contract with the contractors who built the facility, and these</p> |

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| | | <p>were well maintained.</p> <p>The facility has a van and care that is used for residents' outings, and these meet all current legislative requirements.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | FA | <p>All care suites throughout the facility have full ensuites.</p> <p>There are adequate numbers of toilets and bathrooms of an appropriate design for residents. Separate toilets are available for staff and visitors. The fixtures, fittings, floors, and wall surfaces are constructed from materials that can be easily cleaned. Toilets and showers have a system that indicates if they are vacant or occupied. Appropriately secured and approved handrails are provided along with other equipment/accessories that are required to promote residents' independence.</p> <p>Hot water temperatures are monitored monthly. When there have been hot water temperatures above the recommended safe temperature, action was taken, and rechecking of the temperature occurred to ensure it was maintained at a safe temperature.</p> |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p> | FA | <p>The facility has 90 dual purpose bedrooms, comprising of 71 rooms that can be considered dual occupancy if required. There was no dual occupancy on the days of audit.</p> <p>Each room has an inbuilt overhead system to facilitate the use of a hoist.</p> <p>There are three elevators to facilitate access to the second floor when this is utilised.</p> <p>Residents' bedrooms are personalised to varying degrees.</p> <p>All rooms are care suites with bedrooms that are large enough to allow staff and equipment to move around safely and provide personal space for residents.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | FA | <p>There is adequate access to lounges, dining areas and sitting areas/alcoves. Residents were observed moving freely within these areas. Residents confirmed there are alternative areas available to them if communal activities are being run in one of these areas and they do not wish to participate in them.</p> |

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| <p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | <p>FA</p> | <p>Cleaning and laundry policies and procedures are available. Laundry is completed by the Christchurch Centralised Laundry (CCL) which is located at another Oceania site.</p> <p>The cleaner described the cleaning process and the use of chemicals for cleaning purposes. There are safe and secure storage areas for cleaning equipment and chemicals and staff have access to these areas as required. Sluice rooms are available for the disposal of soiled water/waste.</p> <p>Handwashing facilities are available throughout the facility with alcohol gels in various locations.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | <p>FA</p> | <p>Documented systems are in place for essential, emergency and security services. The fire evacuation scheme for the facility has been approved by the New Zealand Fire Services. The trial fire evacuations are conducted six monthly. The last fire drill was conducted in December 2021. The staff training register evidences all staff have completed first aid training and fire evacuation education.</p> <p>There is emergency lightening, gas for cooking, emergency water supply, and blankets in case of emergency. Emergency equipment accessibility, storage and stock availability is appropriate to the service setting requirements.</p> <p>The call bell system in place is used by the residents, and/or staff and family to summon assistance if required and is appropriate to the resident groups and settings. Call bells are accessible, within reach and are available in resident areas.</p> <p>Staff interviews confirmed security systems including internal security cameras are in place. Staff and families confirmed an awareness of security processes.</p> <p>The safety of the rest home and hospital residents residing in ORA units are the same as for the residents under other contracts/arrangements.</p> |
| <p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an</p> | <p>FA</p> | <p>Residents are provided with adequate natural light and safe ventilation. Residents and families confirmed the facility is maintained at a safe and comfortable temperature.</p> <p>An area outside the building is available for both residents and staff who smoke.</p> |

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| environment that is maintained at a safe and comfortable temperature. | | |
| <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>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the organisation's support office. The infection control programme and manual are reviewed annually.</p> <p>The CM is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the village care manager, and tabled at the quality/risk committee meeting. This committee includes the village care manager, IPC coordinator, the health and safety officer, and representatives from food services and household management. Information is reported through to regional and national level on a monthly basis.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. QR code and sign in sheets are available at the main entrance. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p> | FA | <p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role since the facility opened. They have undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Additional support and information are accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator 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</p> | FA | <p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in March 2020 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational</p> |

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| <p>relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p> | | <p>policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing facilities were readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p> |
| <p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p> | <p>FA</p> | <p>Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and ongoing education sessions. Education is provided by the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. There have been no infection out breaks since the facility opened.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing and the information around COVID -19 restrictions.</p> |
| <p>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.</p> | <p>FA</p> | <p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the village care manager, IPC committee and regional and national support team. Data is benchmarked within the organisation and against other aged care providers.</p> |
| <p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The CM is the restraint coordinator. They provide support and oversight for enabler and restraint management in the facility. The coordinator was familiar with restraint policies and procedures.</p> <p>The facility has been restraint and enabler free since opening in April 2021.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident</p> |

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| | | from interviews with staff who are actively involved in the ongoing process of minimisation. Regular training occurs and review of restraint and enabler use is completed and discussed at all quality and staff meetings. |
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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.

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.