The Ultimate Care Group Limited - Churtonleigh

Date of audit: 07-Mar-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Churtonleigh Lifecare provides residential care for up to 42 consumers at rest home, and hospital service levels. The facility is operated by The Ultimate Care Group Limited.

A certification audit of the facility was conducted to establish compliance with the Health and Disability Sector Standards and the Aged Related Residential Services Agreement. This audit has not identified any areas requiring improvement.

There has been one minor change to the building since the last audit which has seen a new single bedroom created.

SUMMARY

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	Assessment
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.		**No short falls**

Organisational Management	Indicator	Assessment
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.		**No short falls**

Continuum of Service Delivery	Indicator	Assessment
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.		**No short falls**

Safe and Appropriate Environment	Indicator	Assessment
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.		**No short falls**

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.		**No short falls**

• Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation 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. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		

AUDIT RESULTS

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Consumers and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers and family interviewed demonstrate an understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register of complaints is maintained at the facility, as well as at The Ultimate Care Group Corporate Office. There have been no investigations at this facility by the Health & Disability Commissioner, Police, Accident Compensation Cooperation or Coroner since the previous surveillance audit in October 2009.

Systems are in place to ensure consumers and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. The staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

Visual inspection provides evidence the Code of Rights information is displayed in the premises along with complaint information and complaint forms.

Organisational Management

Systems are established and maintained by the governing body which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against

these. The facility is managed by a suitably qualified and experienced Nurse Manager who has worked at Churtonleigh for the last 26 years - the last eight years as the Nurse Manager of the facility. The Manager is supported by a Clinical Nurse Manager / Registered Nurse who is responsible for the provision of clinical care provided to consumers. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Churtonleigh Lifecare has implemented the Ultimate Care Group Quality and Risk Management systems that reflect continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Combined Quality / Infection Control meetings are held monthly which report on quality and risk issues and the Facility Manager provides a detailed 'Weekly and Monthly Report' to the Governing Body. An internal audit programme for Churtonleigh is in place and audits are being completed.

The adverse event reporting system evidences a planned and co-ordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy has been implemented including informing consumers and/or family of any adverse events.

The human resource management system provides for the implementation of processes at the commencement of employment and ongoing in relation to the management of staff. A sampling of staff records provides evidence that human resource processes are followed e.g. Police and reference checking. Review of staff files and interviews of staff provides evidence that performance appraisals are completed annually. Annual practising certificates are current for all health care professionals who require them to practice. New staff complete an orientation/induction programme prior to their commencement of care to providers. In-service education sessions are provided at least twice a month. Staff are supported to complete the National Certificate In Support of the Older Person education programme for care staff, and all registered nurses are required to complete the dementia specific modules.

The service provider demonstrates that the information entered into the consumer/kiritaki information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with legal requirements.

The service has a clearly documented rationale, based on best practice, for determining staffing levels and skill mixes required in order to provide safe service delivery and this is reported on weekly to Ultimate Care Group Head Office by the Facility Manager. Twenty four hour registered nurse cover is provided.

Continuum of Service Delivery

A sampling of the clinical files evidences that the provider implements systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs, outcomes and/or goals are identified and these are reviewed on a regular basis with the consumer and/or family member's input.

Planned activities are appropriate to the group setting. Consumers interviewed confirm their satisfaction with the programme. Consumers' files evidence individual activities are provided either within group settings or on a one-on-one basis. The activities programme is provided twenty hours per week to meet the needs of the consumers. The individual activities plans for each consumer are current. Attendance records are maintained by the recreational officer. Consumers can attend on a voluntary basis and this is respected.

An appropriate medicine management system is implemented. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files sighted evidenced documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. Appropriate systems are in place for consumers who are self medicating. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines.

Food services policies and procedures are appropriate to the service setting with recent development of a summer menu by a Dietician. The Dietician is currently finalising the winter menu. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen evidences a current Certificate Of Hygiene and a Grading Certificate "Excellent" issued by Wellington City Council.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place. Any incidents are reported on in a timely manner as described in the 'Waste Management Policy'. Service providers receive training and education to ensure safe and appropriate handling. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service provider documentation evidenced appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. Consumers interviewed stated their room and equipment is well maintained and that they are able to move freely around the facility.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and review of staff files provide evidence of current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. The service has a non-restraint philosophy.

The service has processes in place at both governance level and facility level for determining restraint approval and processes. Staff interviewed and files sampled evidence responsibilities are clearly identified and known. Consumers files sampled evidence consumer/family input into the restraint approval processes. Restraint Committee meeting minutes evidence an approval review process and the service has an experienced restraint co-ordinator.

Systems are in place to ensure rigorous assessment of consumer is undertaken prior to restraint usage being implemented. Consumers' files sampled demonstrate restraint assessment and risk processes are being followed.

All nursing staff, hospital aides, domestic and maintenance staff have received appropriate restraint minimisation and safe practice training. Staff interviews and records evidence that staff received current training and have current restraint competency assessments.

Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Consumers' files evidence that each episode of restraint is being evaluated and based on the risk of the restraint being used.

Infection Prevention and Control

The Ultimate Care Group infection control management systems are in place at Churtonleigh Lifecare. These systems are documented and have been implemented to minimise the risk of infection to consumers, service providers and visitors. The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers.

Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access.

Service provider's documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and is provided as part of the ongoing in-service education programme.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.