

## **Oceania Care Company (No2) Limited - Dunblane**

**Date of audit: 27-Apr-11**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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**

Dunblane provides residential care for up to 75 consumers who require hospital, rest home, and dementia level care. Occupancy on the day of the audit was at 100%. An unannounced surveillance audit of the facility was conducted and the audit included review of the 32 aspects of service provision identified in the previous audit as not fully compliant with the Health and Disability Services Standards. The service provider has made progress towards addressing these issues, and half of these issues still require action. The aspects of service provision from the last audit still requiring attention relate to: the complaints register does not include the actions taken; the quality and risk management programme; human resource management including reference checking, completion of orientations and currency of staff performance appraisals; consumer documentation; ongoing repairs and maintenance of the building; provision of challenging behaviour and restraint minimisation and safe practice education for staff; infection control education; and, infection surveillance data is not being reported to staff.

Nine additional areas requiring improvement were identified during this audit relating to: The quality and risk management programme including evidence of regular consumer meetings, and feedback of clinical indicators to staff; Internal audits have not been completed since June 2010;

Internal audits reviewed do not all have evidence that corrective action plans have been developed, implemented and evaluated to address areas requiring improvement; No evidence of monitoring of Hazard Register; Consumer documentation including documented evidence of evaluation of consumer care; and, medication management including documentation. The service provider is required to take corrective actions to ensure full compliance with the Health and Disability Services Standards.

The facility is operated by Oceania Care Company (No 2) Limited. There have been no changes to management or the building since the last certification audit in March 2010.

## **Oceania Care Company (No2) Limited - Dunblane**

**Date of audit: 22-Mar-10**

**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**

Dunblane provides residential care for 75 consumers who have been assessed as requiring hospital level care, dementia level care, or rest home level care. On the day of the audit there were 34 hospital level care consumers, nine dementia level care consumers, and 23 rest home level care consumers. Oceania Care Company (No 2) limited is the governing body and the facility is managed by a Facility Manager who reports to the Oceania corporate support office on a monthly basis. The Facility Manager started at Dunblane on the 09th November 2009 and she is not a registered nurse. The Facility Manager is supported by a Clinical Manager / RN who is responsible for oversight of the clinical care provided at Dunblane.

**General Environment**

Dunblane provides accommodation for up to 75 consumers in single bedrooms in five wings in three separate areas. All bedrooms are built to hospital standard, have wash hand basins, some bedrooms also have ensuites, and some also have toilets. The facility is maintained to an adequate standard and the environment is appropriate for the consumer group. Service provider documentation reviewed provided evidence that appropriate systems are in place to ensure the service provides a clean environment for consumers. Visual inspection of the facility provided evidence of a clean and appropriate environment for consumers, however, several issues were identified with maintenance, safety of chemicals, and absence of call bells in some toilets.

**Staffing Levels**

There is a clearly documented and implemented process which determines service provider levels and skills mixes in order to provide safe service delivery. The Facility Manager reported that she has recruited additional registered nurses and that turnover of Health Care Assistants is minimal. Staff interviewed reported there have been issues in the past, but that morale amongst the staff is now high and they are now working well together as a Team. Twenty four hour registered nurse cover is provided and Health Care Assistant coverage is satisfactory. Consumers interviewed confirmed that there are adequate staff available to meet their needs. Staff interviewed confirmed adequate numbers are available to ensure safe care is being provided. A staff in-service education programme is in place and staff are supported to complete the National Certificate in Support of the Older Adult, or the ACE modules. All staff who are working in the dementia unit have commenced or completed the ACE Dementia specific modules.

**Resident Satisfaction**

Services were found to be provided in a manner that was respectful of consumer rights, facilitated informed choice, minimized harm, and acknowledged cultural and individual values and beliefs. Consumers interviewed stated their satisfaction with the service and reported that staff are providing appropriate care and treatment. Consumers interviewed confirmed their care needs and nutritional needs are being met. Family members

interviewed reported there are issues with the quality of some of the evening meals. However, the consumers interviewed stated they have no issues with the quality of the meals, and described the meals as being colourful and tasty. The consumers said they appreciate the home baking for morning and afternoon tea. The lunch time meal and evening meal were observed during this audit and looked well prepared, appropriate to the consumers, and consumers stated they were enjoying these meals.

A sampling of consumer files provided evidence that informed consent processes are managed well, however, copies of EPOA documents were not held on all files where EPOA's have been named.

#### Quality Assurance & Risk Management

Dunblane has an established, documented, and maintained quality and risk management system. Quality improvement meetings are held two monthly which report on quality and risk issues and the Facility Manager provides a monthly report to the Governing Body. An internal audit programme for Dunblane is in place.

#### Standards of service delivery

The provider has implemented systems to assess the care needs of consumers. Consumers and / or family members are involved in, and receive, timely assessment on admission to the premises, and this assessment is ongoing. Consumers and family members interviewed, reported that they have input into all stages of the care provided to consumers. However, nine consumer files [4 hospital, 3 rest home, and 2 secure dementia unit] were reviewed and there were a number of issues identified due to the lack of documentation concerning the delivery of service to consumers.

There is a varied activities programme that is individualised for each consumer where possible. Weekly and daily programmes are displayed throughout the facility. There was very positive feedback from the consumers and family members at the audit concerning the activity programmes.

#### Areas for Improvement

Thirty two criteria were identified as being partially attained during this audit - 19 are rated low risk, 12 are rated moderate risk and one is rated high risk. The subsequent corrective actions and time frames for completion of these corrective actions have been agreed to by the service provider.

Standards have been assessed and summarised below:

#### Key

Five point scale	Description
<b>Standards applicable to this service attained with some criteria exceeded</b>	Includes commendable elements above the required levels of performance
<b>Standards applicable to this service attained with all criteria achieved</b>	Complies with standards
<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity

<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved</b>	A moderate number of shortfalls that require specific action planning to address
<b>Some standards or this standard unattained that are applicable to this service</b>	Major shortfalls, significant action is needed to achieve the required levels of performance

<b>Consumer Rights</b>	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.	<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>

<b>Organisational Management</b>	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.	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved</b>

<b>Continuum of Service Delivery</b>	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.	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved</b>

<b>Safe and Appropriate Environment</b>	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.	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially</b>

	<p><b>achieved or any criteria unachieved</b></p>
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<p><b>Restraint Minimisation and Safe Practice</b></p>	<p>Assessment</p>
<p>Includes 3 standards with outcomes where:</p> <ul style="list-style-type: none"> <li>- Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>- Consumers requiring restraint receive services in a safe manner</li> <li>- Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>	<p><b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved</b></p>

<p><b>Infection Prevention and Control</b></p>	<p>Assessment</p>
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>- 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.</li> <li>- The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>- Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>- 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.</li> </ul>	<p><b>Standards applicable to this service attained with some criteria of low risk partially achieved</b></p>