

The Ultimate Care Group Limited - Mount Victoria

CURRENT STATUS: 29-Jun-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

Mt Victoria Lifecare provides residential care for up to 51 consumers at two service levels - hospital and rest home level care. Occupancy on the day of the audit was at 49 consumers (36 hospital and 13 rest home). 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. There are two areas for improvement required in relation to quality and risk management documentation, and consumer documentation. The Service Provider is required to take action to address these areas.

AUDIT SUMMARY AS AT 29-JUN-11

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

Consumer Rights	Day of Audit 29-Jun-11	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	Day of Audit 29-Jun-11	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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 29-Jun-11	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	Day of Audit 29-Jun-11	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	Day of Audit 29-Jun-11	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • 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	Day of Audit 29-Jun-11	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> • 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. • 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. 		No short falls

AUDIT RESULTS AS AT 29-JUN-11

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Consumer and a family member interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidences the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms.

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 is maintained. There have been no complaint investigations by the Health & Disability Commissioner, Police, or Accident Compensation Corporation (ACC) since the previous audit at this facility. There have been two complaint investigations by the Ministry of Health since the last audit relating to standards of care and staffing levels provided. Documentation relating to these complaints was reviewed during this audit.

Informed consent.

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.

Organisational Management

Systems are developed by the governing body which defines the scope, direction and goals of the facility and the monitoring and reporting processes against these. The facility is managed by a non-clinical manager who has been in this position since January 2009. The Manager is also responsible for management of another Ultimate Care Group facility in Miramar, Wellington. The Manager is supported by a Clinical Service Manager at each of the two facilities who are registered nurses. The Clinical Service Manager at Mt Victoria Lifecare was appointed to this position in March 2011, and prior to this appointment she was the Clinical Service Manager at The Ultimate Care Group facility in Miramar, Wellington. The Clinical Service Manager has a current practising certificate. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Mt Victoria Lifecare has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. There is evidence that quality improvement data is analysed to improve service delivery. Combined Staff / Quality / Infection Control meetings are held monthly and there is evidence of reporting on quality and risk issues. Quality improvement data is reported to The Ultimate Care Group Head Office via weekly and monthly reports. An internal audit programme for Mt Victoria Lifecare is in place and audits are completed and reported on via the Staff / Quality meetings. There is one area for improvement that the service provider is required to take action to address relating to internal audits that have corrective action plans documented to address areas identified as requiring improvement, but there is no documented evidence available to indicate the action has been taken and signed off as 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 is implemented including informing consumers and/or family/whanau of any adverse events.

The human resource management system provides for the implementation of processes both at the commencement of employment and on-going in relation to training and performance coaching. A sampling of seven staff records evidences human resources processes are followed e.g. reference checking, Police checks are completed and interview questionnaires are completed. Annual practising certificates are current for all health care professionals who require them to practice.

An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to consumers. Evidence of completion of orientation was sighted on the staff files reviewed. The Facility Manager oversees the inservice education programme and inservice education sessions are provided at least two weekly. Review of staff records indicates good attendance at education sessions. Staff are supported to complete the National Certificate in Community Support Services, and all caregivers have either completed or are working towards completing this education programme. All registered nurses are enrolled to complete the dementia specific education modules.

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

The minimum amount of staff on duty at any time is provided during the night shift and consists of one registered nurse and three caregivers. The Facility Manager and Clinical Service Manager are available after hours if required. All care staff interviewed report there is adequate staff available and that they are able to get through their work.

Consumer Information Management Systems

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 the requirements of NZHIS. Progress records are not always updated at least daily and there is a corrective action relating to this.

Continuum of Service Delivery

A square root sampling of the clinical files validates the service delivery to the consumers i.e.[four hospital and three rest home] with tracer methodology utilised for two of seven clinical files sampled. This sample size 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.

An appropriate medicine management system is implemented with the robotics dispensing system being used. 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 3 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.

3.13 Nutrition, Safe Food, and Fluid Management

Food services policies and procedures are appropriate to the service setting with development of seasonal menus by a registered Dietitian for all The Ultimate Care Group sites. The winter menu was implemented in May 2011. Visual inspection of the kitchen evidences compliance with current legislation and guidelines. The kitchen has been inspected by the Wellington City Council and a 'Certificate of Hygiene' issued that expires 30 June 2012 was displayed.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. 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 providers' documentation evidences 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. Consumers interviewed state 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 files evidence current training in relevant areas and all registered nurses have current first aid certificates. 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 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.

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.

Staff interviews and records evidence that staff received current training on Restraint Minimisation and Safe Practice 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 corporate infection control management systems have been implemented at Mt Victoria Lifecare to minimize 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 infection control education is provided to all service providers as part of their orientation as well as part 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, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported to staff and the governing body.