

Oceania Care Company Limited - Takanini

CURRENT STATUS: 25-Jul-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

Takanini provides residential care for up to 91 consumers at three service levels - Hospital [48 beds], rest home [22 beds] and a secure dementia unit [21 beds]. Occupancy on the day of the audit was at 89. The facility is operated by Oceania. Services are provided in a manner that is respectful of consumer rights and that facilitates informed choice.

Consumers and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. The service has focused on improving systems and process and as a result there are only three areas for improvement required that have been identified. These relate to: consumer documentation, dating and labelling of food in the kitchen fridges and review of smoking for one resident.

The audit team was informed of one complaint investigated by the Health and Disability Commissioner and a District Health Board investigation following one substantiated complaint. The complaints were tracked on the day of the audit and the service was seen to address concerns as per timeframes and processes outlined in the complaints policy.

AUDIT SUMMARY AS AT 25-JUL-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

Indicator	Description	Definition
	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 25-Jul-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 25-Jul-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.		No short falls

Continuum of Service Delivery	Day of Audit 25-Jul-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 25-Jul-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Day of Audit 25-Jul-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 25-Jul-11	Assessment
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.		No short falls

AUDIT RESULTS AS AT 25-JUL-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 family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidences the Health & Disability Commissioner (HDC) Code of Health & Disability Services Consumer's 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/or family/whanau interviewed demonstrate a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained.

There has been one complaint investigated by the Health and Disability Commissioner and a review of this indicated that the manager and team have addressed issues raised. A District Health Board investigation identified seven key recommendations following one substantiated complaint. The recommendations have been/are being implemented with the following completed: a) nurses have attended education on the nursing management of congestive heart failure (CHF) and 'how sick is your resident', b) the gerontology nurse specialist is ready to complete the ATTRACT assessment education programme with nurses, Counties Manukau District Health Board (CMDHB) are providing the Community Geriatric Service Advanced Nursing Support Programme to Takanini Lodge (to be completed), c) an internal review of 46 residents has been carried out with the gerontologist with the rest

confirmed to be completed over the next months according to acuity (to be completed), d) the nurses are using short term care plans for residents presenting with acute illnesses to guide care staff in the care required, e) a review of nursing documentation has occurred with the service completing post admission audits on each resident and randomly selected file reviews, f) post complaint satisfaction surveys have been completed with the rest home and surveys in the hospital are in the process of being collated. The complaint itself was tracked and responses have occurred as per policy.

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. Written informed consent forms in the consumer files have been signed and dated as applicable for each consumer.

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 manager who has managed other Oceania services in the past. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Takanini has a documented and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Quality improvement meetings are held monthly which report on all quality and risk issues and the facility manager provides a detailed monthly report to the governing body. An internal audit programme is implemented. The adverse event reporting system evidences a planned and coordinated 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 ongoing in relation to training and performance coaching. A sampling of staff records evidences human resources processes are followed e.g. reference checking, education/qualifications are checked and interview questionnaires are completed. Annual practising certificates are current for all staff. New staff receive an orientation/induction programme prior to their commencement of care to providers and a staff education programme is implemented for the service. The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery.

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. The manager and the administrator have a good understanding of information management and the consumer register is current and up to date. Archived records can be easily retrieved if and when required.

Continuum of Service Delivery

A sampling of the clinical files validates the service delivery to the consumers. 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. The multidisciplinary review meetings clearly documented family/whanau/consumer input which could be verified but the personal centred care plans reviewed did not always have any verification of the family/consumer input documented, especially when the long term plan is developed and implemented. A District Health Board investigation identified key recommendations following one substantiated complaint. The recommendation that short term care plans had been developed and implemented for residents presenting with acute illnesses or chronic conditions to guide staff in the care required, has been verified.

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. There are three activities therapists who are each very well trained and experienced. Morning and afternoon activities are on the program for the memory loss (dementia) unit. The activities programmes have been reviewed by an independent occupational therapist and provided a variety of interesting, meaningful and enjoyable activities. Consumer meetings are held monthly and a record of the meeting is maintained.

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 3 monthly medication reviews completed by the general practitioner. 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. The controlled drugs are checked weekly and balances verified are correct. Medication is managed by the clinical nurse coordinator and the registered nurses, professionally and safely. The registered nurses work closely with the contracted general practitioner and the pharmacist. The memory loss unit service providers work closely with the GP and pharmacist and the geriatrician, nurse visitor or the mental health team, if consumers are still under the mental health services for older people team Counties Manukau DHB (CMDHB). Standard order medications are clearly documented by

the general practitioner and signed off. Only the registered nurses can give medication for this service.

Food services policies and procedures are appropriate to the service setting with current review by the dietitian of the menu. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidences compliance with current legislation and guidelines. There is an area for improvement required to ensure that food is labelled and dated when stored.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place. Service providers receive training and education to ensure safe and appropriate handling. 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 all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. 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. 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. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place. There is one area for improvement required to review the smoking arrangements for one resident.

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. There are clear definitions of de-escalation, enablers and restraint. The service has a commitment to a restraint free environment philosophy and if required, appropriate use of enablers/restraint. There are currently no consumers using any form of enablers/restraint.

The service has processes in place at both governance level and facility level for determining restraint approval and processes. Staff interviewed have a good understanding of restraint minimisation and safe practice and all staff had been trained and the dates of all training is recorded. Current restraint competency assessments had been completed for all service providers. The clinical nurse coordinator is the restraint coordinator for this service.

Systems are in place to ensure rigorous assessment of the consumer is undertaken prior to restraint usage being implemented. Evaluation and monitoring forms have been developed for implementation when required. Information on restraint is available to give to

family/whanau/consumer when needed. Any communication would be entered on the family communication record and in the nursing progress notes. The consumer care plan would be updated during restraint use and discussed also at the multidisciplinary meetings.

Infection Prevention and Control

Infection control management systems are documented and implemented 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 relevant infection control education is provided to all service providers, support staff and consumers. 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 relevant personnel in a timely manner.