Oceania Care Company Limited - Wesley

CURRENT STATUS: 17-Oct-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

This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards. Wesley Village provides residential care for up to 73 consumers at three service levels - hospital, 48 beds, rest home, 5 beds, and a secure dementia unit 20 beds. Occupancy on the day of the audit was at 49. The facility is operated by the Oceania Care Company. There have been no major changes to buildings, plant and equipment since the last audit. Improvements were noted since the previous audit in relation to: advance directives, the quality system, activities and medicine management.

Improvements are required for three aspects of the standards. These relate to: maintenance, food storage and the building warrant of fitness.

AUDIT SUMMARY AS AT 17-OCT-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

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	Day of Audit 17-Oct-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 17-Oct-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 17-Oct-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 17-Oct-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 17-Oct-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 17-Oct-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 17-OCT-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 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/or family 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 have been no complaint investigations by the Health & Disability Commissioner, Police, Accident Compensation Corporation (ACC) or Coroner since the previous audit at this facility.

Systems are in place to ensure consumers and where appropriate their family 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 and family members interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

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. The

manager has worked in aged care for 25 years, the last eight of these in management roles and the last four as manager of this facility.

Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Wesley Village has an established, 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 for 2011 is in place.

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 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 staff records evidences human resource 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. 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 information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with the legal requirements.

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.

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. 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. A visual inspection of the

medication systems evidence compliance with respective legislation, regulations and guidelines.

Food services policies and procedures are appropriate to the service setting and evidence expertise into menu planning and understanding of nutritional guidelines. 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 improvement required around kitchen maintenance and food storage.

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. 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's 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.

There are improvements required around maintenance and the building warrant of fitness.

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

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 approval group committee meeting minutes evidences 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 clinical staff have received current training on restraint management and have current restraint competency assessments. Non clinical staff have received training on the management of challenging behaviour.

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

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 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.