Oceania Care Company Limited - St Johns Wood

CURRENT STATUS: 12-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. St Johns Wood provides residential care for up to 50 consumers at two service levels - Hospital [21 beds] and rest home [39 beds]. Occupancy on the day of the audit was at 43 including 21 hospital and 22 rest home consumers. The service is currently increasing the capacity of rest home/hospital beds from 50 to 60 by ten apartments identified as being able to accommodate consumers with rest home or hospital needs. This audit has verified that the staffing levels and apartments located on the ground floor are fit for the purpose intended.

The facility is operated by Oceania. The quality and risk management programme is well established and continues to implement an audit schedule, training plan, risk management, hazard identification and maintenance.

Improvements were noted since the previous audit in relation to: advance directives, care plans, de-escalation training, dietary profiles, access to a hand basin for one consumer and medications.

Improvements are required for four aspects of the standards. These relate to: timeliness of care plans and ensuring that care plans are up to date, changes to care plans when needs change and restraint monitoring.

AUDIT SUMMARY AS AT 12-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
	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 12-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 12-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 12-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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Day of Audit 12-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.		**No short falls**

Restraint Minimisation and Safe Practice	Day of Audit 12-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Infection Prevention and Control	Day of Audit 12-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 12-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 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 and 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 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 who is also an advanced practitioner for dementia and she provides operational leadership for two sites (Wharerangi and St Johns Wood) both of which have experienced clinical managers. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

St Johns Wood 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. Health and safety including 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 St Johns Wood 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 as confirmed through interviews.

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 resource processes are followed e.g. reference checking, education/qualifications are checked and interview questionnaires are completed. Annual practising certificates are current for 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

Oceania should be commended for the initiatives taken to raise the standard and quality of food provided for elderly and the appointment of the national food manager who is an expert in his field. The appointment of an experienced and qualified chef to the kitchen has led to Wharerangi and St Johns Wood achieving excellence in food production and quality of presentation (continuous improvement).

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.

There are improvements required about completing person centred care plans in appropriate time frames, ensuring person centred care plans are up to date and changing care plans when needs change.

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. Appropriate systems are in place for consumers who are self-medicating. 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.

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 and family interviewed state the environment 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. 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 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. There is an improvement required around restraint monitoring.

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.