

Oceania Care Company Limited - Melrose Park

CURRENT STATUS: 16-Dec-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

Melrose Park provides residential care for up to 108 consumers who require hospital, rest home and dementia care. Occupancy on the day of the audit was at 85. An unannounced surveillance audit of the facility was conducted and the audit included a review of the 13 aspects of service provision identified in the previous audit as not fully compliant with the Health & Disability Sector Services and District Health Board contract. The service provider has made good progress towards addressing these issues and two of these issues still require further action. These aspects of service provision relate to: dementia training for staff who work in the dementia unit and to ongoing maintenance.

Additional areas requiring improvement were identified during this audit relating to; the quality programme, documentation and review of assessments and care plans and documentation around medication.

Melrose Park has robust systems in place to meet auditing requirements and identified areas requiring improvement are addressed in a proactive manner.

There have been no changes to the building since the last certification audit.

AUDIT SUMMARY AS AT 16-DEC-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

Indicator	Description	Definition
	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 16-Dec-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 16-Dec-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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Day of Audit 16-Dec-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 16-Dec-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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 16-Dec-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 16-Dec-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

Date of audit: 27-May-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

Melrose provides residential care for 106 consumers at three service levels - Hospital [54 beds], rest home [40 beds] and a secure dementia unit [12 beds]. Occupancy on the day of the audit was at 104. The facility is operated by Oceania Care Company (No 2) Limited.

Consumer Rights

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. Resident and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and

treatment. Visual inspection evidenced the Code of Rights 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 demonstrated 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, ACC or Coroner since the previous audit at this facility.

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. Staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirmed they have been made aware of and understand the informed consent processes and that appropriate information has been provided. There is one partial attainment rated low risk in this section that relates to several consumers not having signed consent forms and four consumers in the dementia unit sharing double bedrooms but no record of consenting to this was available.

There is one partial attainment which is rated low risk.

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 Facility Manager who has been in this role since May 2000. She is supported by a Clinical Nurse Manager who also works fulltime and deputises for the Facility Manager in her absence.

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

Melrose has an established, documented, and well maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Combined Quality Improvement/Health & Safety and Infection Control 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 2010 is in place.

The adverse event reporting system evidenced a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy has been 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 evidenced human resource processes are followed e.g. reference checking, education/qualifications are checked interview questionnaires are completed and annual practising certificates are current for all staff. There is one partial attainment relating to not being able to evidence current performance appraisals 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 for 2010. The Facility Manager also runs monthly 'Core' training days which are mandatory for all staff to attend yearly. Staff are supported to complete the National Certificate in Support of the Older Person. The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. Registered Nurse coverage is compliant and overall staffing is relatively stable with a number of staff having worked in the facility for many years. There is one partial attainment with two issues relating to: the secure dementia unit not having a Diversional Therapist and not all care staff working in the secure dementia have completed their Dementia Unit Standards.

Consumer Information Management Systems

The service provider demonstrated 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.

There are 3 partial attainments in this section all rated low risk.

Continuum of Service Delivery

Tracer methodology of 10% has been utilised for this audit to validate the service delivery to the consumers. Consumer files [4 hospital, 4 rest home and 3 secure dementia unit] provided evidence that the provider has implemented systems to assess, plan and evaluate the care needs of the consumers. One of the two house general practitioners who visit Melrose was interviewed during this audit, and spoke highly of the care provided by both the registered nurses and health care assistants. The consumers' needs, outcomes and goals have been identified and these are reviewed on a regular basis with the consumer or family member's input. Annual multidisciplinary reviews of care have been completed. However, there are issues around consumers not having pain assessments completed on admission and following admission if they are experiencing pain.

Four staff members are employed for a total of 97.5 hours to provide planned activities for consumers. There are three separate programmes to cater for the three consumers groups. The activities programme for the consumers in the dementia unit is very limited and consists of two hours in the mornings and watching TV in the afternoons. There are no planned activities provided in the later part of the day or at the weekends. Observation of activities in the dementia unit on the day of the audit showed consumers sitting around with very little stimulation occurring, however consumers did appear calm. The design of the dementia unit means space for consumers is limited, and does not lend itself to consumers being able to undertake

spontaneous activities, like walking. Passage ways are narrow, and externally, paving stones are uneven and there are gaps between the paths and lawns. The internal environment is stark, colourless and lacks stimulation. There is very little self directed spontaneous activities available to occupy consumers e.g. fiddle boards. There were also minimal activities observed in the hospital and rest home on the day of the audit. Consumers and staff interviewed reported that activities advertised on the programmes, do not always take place.

An appropriate medicine management system is implemented with the Robotic 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.

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. Consumers interviewed confirmed their satisfaction with the meal service. Visual inspection evidenced compliance with current legislation and guidelines apart from one partial attainment with several issues relating to: food safety certificate, monitoring temperatures of fridge/freezers, storage of breakfast trolley, upgrade required to some areas of the kitchen.

There are 3 partial attainments in this section all rated low risk.

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 have received training and education to ensure safe and appropriate handling. Visual inspection evidenced compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Melrose is an older style building with some areas both internal and externally in need of maintenance and/or repairs in all three areas of the facility i.e. rest home, hospital and secure dementia unit. There are 4 partial attainments noted regarding this.

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 evidenced compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals. There is one partial attainment relating to not being able to evidence that all relevant staff have received chemical safety training.

Documented systems are in place for essential, emergency and security services. Staff interviews and files evidenced current training in relevant areas. Visual inspection evidenced alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

There are 5 partial attainments in this section all rated low risk.

Restraint Minimisation and Safe Practice

There are currently 11 consumers using restraint, 10 consumers in the hospital and one consumer in the rest home. Policies and procedures, staff training and the implementation of the processes, demonstrated 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 reviewed provided evidence that responsibilities are clearly identified and known. Consumer files provided evidence that consumer/family input into the restraint approval processes. The Restraint Committee meeting minutes provided evidence of an approval review process. Systems are in place to ensure assessment of consumer is undertaken prior to restraint usage being implemented. Consumer files reviewed provided evidence of assessments being completed. Staff interviews and records provided evidence that staff have 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. Consumer files provided evidence that each episode of restraint is being evaluated and is based on the risk of the restraint being used. There is one partial attainment rated moderate risk in this section that relates to care staff not always signing the restraint monitoring forms following each monitoring episode.

Infection Prevention and Control

Oceania generic Infection Control Programme is implemented at Melrose. A registered Nurse is the Infection Control Nurse and the Infection Control Committee is part of the Quality Improvement / Health & Safety Committee which meet monthly. 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. The Facility Manager enters surveillance data on Oceania intranet which is graphed and benchmarked with other Oceania facilities. Service provider's documentation evidenced that relevant infection control education is provided to all service providers, support staff and consumers

There are no partial attainments in this section.

Standards have been assessed and summarised below:

Key

Five point scale	Description
Standards applicable to this service attained with some criteria exceeded	Includes commendable elements above the required levels of performance
Standards applicable to this service attained with all criteria achieved	Complies with standards
Standards applicable to this service attained with some criteria of low risk partially achieved	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved	A moderate number of shortfalls that require specific action planning to address
Some standards or this standard unattained that are applicable to this service	Major shortfalls, significant action is needed to achieve the required levels of performance

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

Organisational Management	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.	Standards applicable to this service attained with some criteria of low risk partially achieved

Continuum of Service Delivery	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.	Standards applicable to this service attained with some criteria of low risk partially achieved

Safe and Appropriate Environment	Assessment
Includes 8 standards that support an outcome where services are	Standards

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.	applicable to this service attained with some criteria of low risk partially achieved
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Restraint Minimisation and Safe Practice	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 	Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved

Infection Prevention and Control	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. 	Standards applicable to this service attained with all criteria achieved