

## Oceania Care Company Limited - Heretaunga

**CURRENT STATUS: 19-Nov-12**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit / Verification 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 and the District Health Board Contract. Heretaunga Care and Village provide residential care for up to 46 residents who require rest home and dementia level care. Occupancy on the day of the audit was at 39. This audit includes a review of four studio apartments for rest home use.

The facility is operated by Oceania Care Company Limited. The Facility Manager and Clinical Leader/registered nurse continue to provide good leadership to the team at Heretaunga and this is evident in the management of documentation and resident care. This finding was supported during interviews of internal and external care providers, residents and their family members, and during review of documentation. Two areas requiring improvement have been identified during this audit relating to quality and risk management documentation, and the completeness of resident documentation.

### AUDIT SUMMARY AS AT 19-NOV-12

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 19-Nov-12	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.		<b>No short falls</b>

Organisational Management	Day of Audit 19-Nov-12	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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Continuum of Service Delivery	Day of Audit 19-Nov-12	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.		<b>A number of shortfalls that require specific action to address</b>

Safe and Appropriate Environment	Day of Audit 19-Nov-12	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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 19-Nov-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 19-Nov-12	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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 19-NOV-12**

### **Consumer Rights**

Services are provided in a manner that is respectful of consumer/resident rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents and family members interviewed are complimentary of the service provided and report that staff are providing appropriate care and treatment. Residents and family also confirm their rights are respected, and report that communication between them and staff is 'very good'. Visual inspection provides evidence the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is displayed throughout the facility, along with complaints information and complaints forms.

There are systems in place to ensure residents and their family are advised on entry to the facility of the complaint processes. Residents and family interviewed demonstrate an understanding of the complaint processes. The service has appropriate systems in place to manage the complaints processes and a Complaints Register is maintained in hard copy and electronically via the Oceania intranet. The Facility Manager advises there have been no complaint investigations by the Health and Disability Commissioner, Ministry of Health, District Health Board, Police, Accident Compensation Corporation (ACC) or Coroner since the last audit at this facility.

Systems are in place to ensure residents 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.

## **Organisational Management**

Systems are established and maintained by the governing body which defines the scope, direction and goals of the organisation and the facility, and the monitoring and reporting processes against these. Quality improvement data, including clinical indicators, are reported to the governing body Support Office via the Oceania intranet by the Clinical Leader/registered nurse on a daily and monthly basis. The Facility Manager also submits monthly reports.

Heretaunga is managed by an experienced manager who has been the Facility Manager at Heretaunga since 1999. The Facility Manager has recently completed a Diploma in Aged Care Facility Management via Tai Poutini Polytechnic. The Facility Manager is not a registered nurse, but she is supported by a Clinical Leader, who is a registered nurse, and who was appointed to this position in early August 2010. The Clinical Leader has been employed as a registered nurse at Heretaunga since April 2003. The Clinical Leader is supported by another registered nurse and between the two registered nurses cover is provided seven days a week between 8am and 4.30pm, plus they share the after-hours on-call. Care staff interviewed report there is 'excellent' communication between them and management and state they feel 'very supported' by management, they receive good feedback, and they are 'very happy in their work'.

The Oceania quality and risk management systems are in place at Heretaunga and these have been well maintained. There is however one area identified as requiring improvement as several internal audits were reviewed where shortfalls have been identified but staff have not consistently developed corrective action plans to address the shortfalls identified. There is clear evidence that quality improvement data is being analysed to identify trends and improve service delivery, and monitoring of quality improvement data occurs. The Clinical Leader collates the clinical indicators monthly and provides feedback on these at the combined quality / staff meetings. The Facility Manager provides monthly reports to the governing body via the Oceania intranet. An internal audit programme is in place and audits completed for 2012 reviewed as well as other quality and risk management documentation. Minutes of meetings are retained in the staff area and staff are expected to read and sign meeting minutes. There is clearly documented evidence of reporting, collation, analysis, and discussion on numbers of various clinical indicators and quality and risk issues in meeting minutes. New and updated policies are displayed in the staffroom and staff interviewed report they are required to read and sign off they have read new policies.

The adverse event reporting system provides evidence of a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events on accident / incident forms and on the Oceania intranet. All residents have an individual incident / accident log on their file. An open disclosure policy is implemented including informing residents and/or family of any adverse events. This finding was supported during interviews of family members and residents, and review of resident notes.

The Oceania human resource management system is in place including pre-employment police and reference checking. New staff receive an orientation/induction programme prior to their commencement of care to residents. There is a system in place at Heretaunga to identify, plan, facilitate, and record on-going education for service providers to ensure the provision of safe and effective services to residents. The Clinical Leader, with support from

the Facility Manager, is responsible for oversight of the in-service education programme and in-service education sessions are provided on site at least monthly. Staff education records reviewed (seven) and interviews of six care staff (one Clinical Leader, one registered nurse, and four caregivers) indicate staff receive at least eight hours of education a year. Staff are required to complete the National Certificate in Support of the Older Person via the Wellesley Institute, in conjunction with Te Poutini Polytechnic (West Coast) Polytechnic, if they do not have an equivalent qualification. All staff are required to complete the dementia specific education modules if they have not already completed these when they are employed. There are six levels on the Oceania Group Career Pathways (five levels plus Merit) for staff to complete and progression to the next level is dependent on staff completing specific education programmes before they move to the next level. A sampling of seven staff records provides evidence human resource management processes are followed e.g. reference checking, police checks are completed, and interview questionnaires are completed. Annual practising certificates are current for all staff who require them to practice.

There is a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery in place at Heretaunga, and reporting of staffing levels occurs on a daily basis to Oceania Support Office. Registered nurse (RN) cover is provided seven days a week between 8am and 4.30pm plus one of the two RN's is on call after hours. The minimum amount of staff on duty at any one time is one Health Care Assistant in the rest home, and two in the dementia unit between 11pm and 7am. Health Care Assistants (HCA's) and RN's (working morning and afternoon shifts in the rest home and dementia unit) interviewed report that there is enough staff on duty and they are able to get through the work allocated to them.

The service provider demonstrates that the information entered into the resident information management system is done so in an accurate and timely manner, appropriate to a rest home and in line with the legal requirements. There is a data base that records all obsolete documents stored in boxes with the content of each box. Hard copies of resident files who no longer live at the facility, are stored on site in an accessible and well organised manner.

### **Continuum of Service Delivery**

There is a registered nurse on duty seven days a week and a GP available 24 hours a day. A sampling of the clinical files validates the service delivery to residents is documented and current. This sample size evidences that the provider implements systems to assess, plan and evaluate the care needs of the residents. The resident's needs, outcomes and goals are identified and these are reviewed on a regular basis by the registered nurse with the resident and/or family member's input. There are regular multi-disciplinary reviews of residents. There is one area of improvement with two issues that relate to the registered nurse not always signing and dating the six monthly evaluations and in one case reviewed the GP not being contacted to assess a resident after a fall.

Planned activities are appropriate to a rest home. There is a trained diversional therapist who works 30 hours a week five days a week. Residents and family members interviewed confirm their satisfaction with the programme. Residents' files evidence individual activities are provided either within group settings or on a one-on-one basis. Residents have a 24 hour activities plan documented.

An appropriate medicine management system is implemented. Policies and procedures clearly detail staff's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies.

Medications are checked upon arrival at the facility and the GP reconciles medications on admission.

Food services policies and procedures in place are appropriate to the facility and there is evidence of expertise into menu planning by an Oceania Dietitian. Resident's individual needs are identified, documented and reviewed on a regular basis. Copies of residents dietary profiles are kept in the kitchen and any additional requirements/modified dietary needs for residents are being met. Additional snacks are available for residents after hours when kitchen staff are not present. Residents and family interviewed confirm they enjoy their meals and that adequate food and fluids are provided. This finding was supported by review of resident meeting minutes, where food is a permanent agenda item, and by review of 'Resident Satisfaction Survey' that indicates all of the respondents are 'satisfied' with the meals and food service provided.

### **Safe and Appropriate Environment**

There are nine studio unit apartments at Heretaunga adjacent to the rest home wing. Three of these have previously been certified for rest home use, and four more of the studio unit apartments were reviewed during this audit as being suitable for rest home use. The two remaining studio unit apartments were not reviewed during this audit.

All bedrooms are used to provide single accommodation and the majority of the bedrooms have outside doors to the gardens/internal courtyards. There is an ongoing refurbishment programme in place at Heretaunga and bedrooms and living areas are refurbished as required. New furniture has been installed in the dementia unit lounge and the facility Manager advises new carpet is to be installed in some areas of the dementia unit. Residents interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

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 of waste and hazardous substances. Visual inspection provides evidence protective equipment and clothing is provided and is used by service providers. There are documented policies and procedures for the cleaning and laundry services in place, including appropriate monitoring systems to evaluate the effectiveness of these services. Visual inspection provides evidence of compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

There are documented systems in place for essential and emergency services. Staff interviews and review of staff files provides evidence of current training in relevant areas. Visual inspection of the facility provides evidence 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**

Restraint has not been used at the facility since 2009. There were no residents requiring enablers on the day of the audit. There is a restraint register and a restraint approval group that meets six monthly. Restraint is a standard agenda item at quality meetings and is a clinical indicator that is reported to Oceania head office monthly.

## **Infection Prevention and Control**

The Oceania Care Company infection control management systems are in place at Heretaunga. The infection control programme meets the needs of the organisation and provides information and resources to inform staff on infection prevention and control. These systems are documented and have been implemented to minimise the risk of infection to residents, service providers and visitors. These systems have been successfully implemented during a recent Norovirus outbreak. The Clinical Leader/RN is the Infection Control Coordinator and reports monthly to the combined Quality Improvement/Staff meetings.

Service provider's documentation evidences that infection control education is provided to all staff as part of their initial orientation and is provided as part of the ongoing in-service education programme. Infection control education is also provided to staff on a one-to-one basis.

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. Copies of infection graphs and meeting minutes are available in the staff room for staff.