

Melody Enterprises Limited

CURRENT STATUS: 27-Mar-13

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

Rhapsody Lifecare provides residential care for up to 72 residents who require hospital level and rest home level care. Occupancy on the day of the audit was 70. The facility is operated by Melody Enterprises Limited and is managed by The Ultimate Care Group Limited. The facility is purpose built and accommodation is provided in mostly single bedrooms that are built to hospital standard. All bedrooms have wash hand basins and many have their own ensuite, or access to a shared ensuite. Staffing is stable and staffing hours are increased if required to meet the needs of residents. Two additional single bedrooms with a shared ensuite have been created in the hospital wing since the last audit and were reviewed as part of this audit.

Five areas requiring improvement have been identified during this audit relating to: quality and risk management documentation including the absence of documented evidence that areas requiring improvement have corrective action plans developed, implemented, and monitored; the sporadic nature of in-service education provided for staff; resident documentation including completion of appropriate documentation of care for short term problems; the amount of planned activities provided for residents; and absence of evidence the infection control co-coordinator has attended on-going infection control education.

AUDIT SUMMARY AS AT 27-MAR-13

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 fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 27-Mar-13	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 fully attained

Organisational Management	Day of Audit 27-Mar-13	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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 27-Mar-13	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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 27-Mar-13	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.		Standards applicable to this service fully attained
Restraint Minimisation and Safe Practice	Day of Audit 27-Mar-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained
Infection Prevention and Control	Day of Audit 27-Mar-13	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.		Some standards applicable to this service partially attained and of low risk

AUDIT RESULTS AS AT 27-MAR-13

Consumer Rights

Residents interviewed report that services are provided in a manner that is respectful of their rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents interviewed state they are very happy with the service provided and report that staff are providing care that is appropriate to their needs. There is documented evidence of notification to family members following adverse events and of any significant change in the consumer's condition. These findings supported during review of family and resident satisfaction surveys. Visual inspection provides evidence the Health & Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms.

All residents are provided with a copy of the Rhapsody Lifecare information booklet that is given to all potential residents and residents prior to, and on entry to, Rhapsody Lifecare. Information on the Code and complaints processes is included in this information booklet and enquiry pack. There are also systems in place to ensure residents and their family are being provided with information to assist them to make informed choices and give informed

consent. During interviews, staff demonstrate good understanding of informed consent and informed consent processes. Residents interviewed confirm they have been made aware of and understand the informed consent processes and confirm that appropriate information is provided.

The manager is responsible for complaints and a complaints register is maintained. The residents can use the complaints issues forms or bring issues up at residents' monthly meetings. A complaints register is also held at The Ultimate Care Group Limited head office for any complaints personnel from head office are responsible for investigating.

Organisational Management

The Ultimate Care Group Limited (UCG) is the management company appointed by the governing body to provide oversight of the service provided at Rhapsody Lifecare. The UCG quality and risk management systems are fully implemented at Rhapsody Lifecare and documented scope, direction, goals, vision, and mission statement reviewed. Systems are in place for monitoring the service provided at Rhapsody Lifecare, including regular monthly and weekly reporting by the manager to the Regional Operations Manager at UCG head office. Senior management personnel at Ultimate Care Group Limited meet on a regular basis and monitor the performance of each aged-care facility. The manager is currently on indefinite sick leave and an Acting Manager has been appointed. The acting manager is a very experienced registered nurse (RN) with a current annual practising certificate who has worked for the last 30 years as facility manager at various aged-care facilities. The manager has undertaken training in areas relevant to management and the aged-care sector. The manager is supported by a clinical services manager who is a registered nurse and who has worked at Rhapsody Lifecare for the last three years.

A 'Rhapsody Lifecare Quality and Risk Management Plan January 2012 - January 2014' is used to guide the quality programme and includes quality goals and objectives. There is an internal audit programme, risks are identified and there is a hazard register. Adverse events are documented on accident/incident forms and an electronic database that is able to be reviewed by personnel from UCG head office. Completed accident/incident forms are retained in individual resident's files. Review of quality improvement data provides evidence the data is being collected, collated, analysed, and evaluated. However, an area requiring improvement has been identified as internal audits and meeting minutes reviewed do not consistently provide evidence that corrective action plans have been developed, implemented and signed off as being completed to address the issue/s that require/s improvement. Adverse events are documented on accident/incident forms and an electronic database that is able to be reviewed by personnel from UCG head office. Completed accident/incident forms are retained in individual resident's files. Quality improvement/ infection control / health and safety meetings are held monthly as are staff meetings, and registered nurse (RN) meetings. There is documented evidence of reporting on numbers of various clinical indicators, quality and risk issues, and discussion of any trends identified in the quality meeting. Graphs of clinical indicators are displayed in a corridor by the laundry and meeting minutes are held in a folder in the staff room for staff to review.

There are policies and procedures on human resources management and the validation of current annual practising certificates for RN, ENs, pharmacist, and general practitioners (GPs) is occurring. There is one area requiring improvement relating to the completion of on-

going education for all staff as in-service education is not being provided consistently for staff and not all staff are attending in-service education. UCG implemented on-line learning modules for staff late 2012 and there has been a poor uptake of this by staff at Rhapsody Lifecare. Review of staff records evidences human resource processes are followed e.g. reference checking, Police checking and interview questionnaires are completed, and individual education records are maintained.

There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum amount of staff is provided during the night shift and consists of one registered nurse and three care givers, plus the clinical services manager is available after hours if required. All care staff interviewed report there is adequate staff available and that they are able to get through their work.

Resident information is entered into a register in an accurate and timely manner. Residents' files are integrated and documentation is legible with the name and designation of the person making the entry identifiable.

Continuum of Service Delivery

Service delivery provides care to residents assessed as requiring rest home level care, and hospital level care. The registered nurses develop, review, update and evaluate residents care plans at least six monthly in the hospital area, and the enrolled nurses in the rest home area with overview from the registered nurses. Residents or their family have input into the development and review of care plans. Documentation provides evidence that families are kept informed. Residents interviewed are very satisfied with the standard of care provided by staff. There is one area identified that requires improvement relating to resident documentation not completed following transfer back to the facility.

There is an area requiring improvement relating to the amount of planned activities provided for residents and documentation in the residents files is not up to date. The decrease in planned activities is due to activity staff leaving. A plan has been implemented to replace the activity hours, and the facility manager reports a very good response from advertising the position. Residents interviewed report they are missing the amount of activities currently being offered, but do understand this is being addressed.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have current medication competencies. Medication files reviewed evidence documentation of residents' allergies/sensitivities and three monthly medication reviews completed by general practitioners. Weekly and six monthly checks of controlled drugs are completed. The two medicine fridge temperatures are recorded daily and are within the recommended range.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. Resident's individual needs are identified on admission, documented in nutrition profiles, and reviewed on a regular basis. Satisfaction survey completed October 2012, review of resident meeting minutes, and interviews of residents indicates there are no issues with food service and residents describe the food service as being a highlight for them. Residents also confirm that

adequate fluids are provided and snacks are available between meals, e.g. fruit, bread, sandwich fillings, biscuits, cake, ensure. Milkshakes are also provided twice a day for residents who require additional supplements.

Safe and Appropriate Environment

There are two double bedrooms that are used for couples and the remaining bedrooms provide single accommodation. A storage room in the hospital has been converted in to two single bedrooms with a shared ensuite and were reviewed as part of this audit. All residents' rooms are large and are to hospital standard. Residents' bedrooms are large enough to allow for the safe use of mobility aids, lifting aids as well as a carer; and the corridors and communal areas are also large with wide passage ways. All bedrooms have wash hand basins and most bedrooms have their own ensuite or access to a shared ensuite. There is an adequate number of communal toilet and shower facilities. There are multiple sitting areas and lounges throughout the facility. External areas are available for sitting and shading is provided in these areas. An appropriate call bell system is available and security systems are in place.

There are policies and procedures for waste management, cleaning and laundry, and emergency management and these are known by staff. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of safe storage and protective equipment and clothing is provided and is used by staff. Review of documentation provides evidence there are appropriate systems in place to ensure the residents' physical environment is safe, and facilities are fit for their purpose.

There are documented policies and procedures and systems in place for the cleaning and laundry services. These systems include appropriate monitoring systems to evaluate the effectiveness of these services. Staff have completed appropriate training in chemical safety. Visual inspection provides evidence of compliance regarding safe and hygienic storage areas of cleaning equipment, soiled linen and chemicals.

Restraint Minimisation and Safe Practice

Documentation of restraint minimisation and safe practice policies and procedures, and their implementation, demonstrate residents are experiencing services that are least restrictive. There are currently four residents using a restraint and five residents using an enabler. The number of residents using restraint has decreased by eight since the last audit.

Systems are in place to ensure assessment of the one resident is undertaken prior to restraint usage being implemented. The resident's file reviewed demonstrates restraint assessment and risk processes are being followed. The resident's file reviewed provides evidence of resident and family input into the restraint approval processes. Restraint evaluation processes are documented and implemented. The resident's file evidences each episode of restraint is being evaluated. Approved restraint for this resident is reviewed at least three monthly, and as part of the care plan review. Restraint usage across the facility is monitored and discussed at quality meetings. Restraint review is completed on a regular basis.

Infection Prevention and Control

The Ultimate Care Group Limited corporate infection control management systems are fully implemented at Rhapsody Lifecare to minimize the risk of infection to residents, 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 on infection prevention and control. 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.

An area requiring improvement has been identified with infection control education as there is no evidence the infection control co-ordinator has attended recent infection prevention and control education, and there is no documented evidence infection prevention and control education has been provided on an on-going basis for all staff as part of the in-service education programme.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Review of documentation at Rhapsody Lifecare provides evidence the surveillance reporting process in place is applicable to the size and complexity of the organization. Results of surveillance are reported on the 'Infection Control Summary' for each area monthly and are collated on to the 'Quality Indicators For Safe Aged-Care' Summary. The manager reports these clinical indicators to the quality/infection control/health and safety meetings, to staff meetings, and via the 'Weekly and Monthly Reports' to The Ultimate Care Group. Copies of graphs of clinical indicators are displayed and staff interviewed report this information is available for them.