

The Ultimate Care Group Limited - Maupuia Lifecare

CURRENT STATUS: 20-May-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

Maupuia Lifecare provides residential care for up to 31 residents who require hospital level and rest home level care. Occupancy on the day of the audit was 29. The facility is operated by The Ultimate Care Group Limited. The facility is built on two levels with rest home residents on the lower level, and hospital residents on the upper level. The facility has been providing accommodation for aged-care residents since 1995. All bedrooms are used to provide single accommodation although there are three double bedrooms. Staffing is relatively stable at present although there has been some movement of staff in recent months. Staffing hours are increased if required to meet the needs of residents. Residents clinical files are observed to be well managed. There are three areas requiring improvement that have been identified during this audit relating to the absence of a permanent facility manager, quality and risk management documentation, and the planned activities for residents.

AUDIT SUMMARY AS AT 20-MAY-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
	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

Indicator	Description	Definition
	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 20-May-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 20-May-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 20-May-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 20-May-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 20-May-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 20-May-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 20-MAY-13

Consumer Rights

Resident's 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 happy with the service provided and report that staff are providing care that is appropriate to their needs. These findings supported during review of residents' satisfaction survey completed in August 2012. There is documented evidence of notification to family members following adverse events and of any significant change in the resident's condition. Visual inspection provides evidence the Health and 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 information on the Code and complaints processes as part of the admission process. 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 that appropriate information is provided.

The facility manager is responsible for management of complaints and a complaints register is maintained. The residents can use the complaints issues forms or bring issues up at residents' three monthly meetings. There have been complaints made to the Ministry of Health, the District Health Board, and the Health and Disability Commissioner since the last audit at this facility that have been 'closed out' by the agencies dealing with these complaints. The service provider has received a request from a Coroner to provide written

information concerning a resident who died two days after transfer to the District Health Board. The service provider is currently compiling a report to submit to the Coroner.

Organisational Management

The Ultimate Care Group Limited (UCG) is the governing body and have established systems which defines the scope, direction, goals, vision, and mission statement. Systems are in place for monitoring the service provided at Maupuia Lifecare including regular monthly and weekly reporting by the facility manager and clinical services manager to the UCG head office. There is an area identified as requiring improvement during this audit as there has been no permanent facility manager in place since late March 2013 when the facility manager went on indefinite leave and who has subsequently resigned. The clinical services manager has assumed the responsibility for the day-to-day management of the facility in the facility managers absence with support from relieving managers and Ultimate Care Group senior management. The clinical services manager is a registered nurse (RN) with a current annual practising certificate who has worked in the aged-care sector in New Zealand for the last three years , the last 20 months in clinical leadership roles.

A 'Maupuia Lifecare Business Plan 2012 - 2013' and a 'Maupuia Lifecare Quality and Risk Management Plan January 2012 - January 2014', that is based on the 'Ultimate Care Group Quality and Risk Management Plan 2012 - 2014' reviewed. These are 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. An area requiring improvement has been identified with the quality and risk management documentation as staff are not consistently documenting and/or evaluating corrective action plans that have been developed to address shortfalls identified. Combined quality / staff / infection control / health and safety meetings are held monthly as are 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 / staff and RN meetings. Graphs of clinical indicators are displayed in the staff office for staff to review.

There are policies and procedures on human resources management and the validation of current annual practising certificates for RNs and general practitioners (GPs) is occurring. The ACE 'Supporting the Older Person' education programme is provided although this programme is currently on hold as the ACE Assessor is not available. All RNs are required to complete the ACE Dementia education modules. In-service education is provided two to three times a month and staff also attend external education provided by the District Health Board and other agencies. All care staff involved in medicine management have completed medication education and have had their competency assessed. All RNs have current first aid certificates. Review of seven staff records evidences human resource processes are followed e.g. reference checking, Police checking and interview questionnaires are completed, orientations have been 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 two 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, and they report RNs work on the floor with them.

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 three monthly and short term care plans are developed for residents who have a change in condition. Residents or their family have input into the development and review of care plans. Documentation provides evidence that families are kept well informed. Residents interviewed are satisfied with the standard of care provided by staff.

There is an planned activities programme for the two resident groups residing in Maupuia Lifecare, and some residents in the rest home provide their own activities. The recreational officer does provide some group activities. Areas identified requiring improvement relate to the planned activities programme is limited and repetitious, there has been no van outings since March 2013. There is no evidence of one to one activities occurring for residents in the hospital area, and residents report they do not understand what the recreational officer is saying because their accent is very broad.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Registered nurses are responsible for medicine management and have current medication competency assessments. Medication files reviewed provide evidence of documented three monthly medication reviews completed by the general practitioners, and there is evidence of documentation for residents' allergies/sensitivities. Weekly and six monthly checks of controlled drugs are completed. The medicine fridge is situated in the hospital area, temperatures are recorded daily and are within the recommended range. There are no residents self-administering their own medication. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines.

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 August 2012, review of resident meeting minutes, and interviews of residents indicates high levels of satisfaction with the quality of the food service provided. However, the rest home residents report there have been issues with the temperature of the soup provided as part of the evening meal and report a microwave is used to reheat food requiring reheating. Residents also confirm that adequate fluids are provided and snacks are available between meals, e.g. fruit, bread, sandwich fillings, biscuits, cake, ensure. The kitchen has a certificate of inspection issued by the Wellington City Council that expires 30 June 2013.

Safe and Appropriate Environment

The facility is built on two levels on a hill side and access between the two levels for the residents is via stairs or externally via a foot path. The rest home, which is on the lower level has its own entrance, as does the hospital which is on the upper level. Hospital residents' rooms are large enough to allow for the use of mobility aids, lifting aids as well as a carer, and have double leaf doors. Rest home bedrooms are smaller but still allow for safe mobility. All bedrooms have wash hand basins. Corridors are narrow but residents observed mobilising safely within these areas. Lighting and ventilation is by external opening windows in residents' rooms and communal areas. There is an adequate number of communal toilet and shower facilities. 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 five residents using restraint and three residents using an enabler.

Systems are in place to ensure assessment of residents is undertaken prior to restraint usage being implemented. The residents' files reviewed demonstrate restraint assessment and risk processes are being followed. The residents' files reviewed provide evidence of resident and family input into the restraint approval processes. Restraint evaluation processes are documented and implemented. The residents' files evidence each episode of restraint is being evaluated. Approved restraint for residents 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 / staff 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 Maupuia Lifecare to minimise 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.

The infection control co-ordinator is an experienced registered nurse who attends three monthly infection control meetings that are held at the local District Health Board. On-going Infection control education has been provided for staff, primarily by personnel from the District Health Board. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Review of documentation at Maupuia 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 'Clinical Indicators Monthly Summary' for infections and are collated on to the 'Quality Indicators For Safe Aged-Care' Summary. These clinical indicators are reported to the monthly quality / staff / infection control / health and safety 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.