

## Oceania Care Company Limited - Lady Allum Village

**CURRENT STATUS: 13-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

Lady Allum Village is owned and operated by the Oceania Care Company Ltd. and provides residential care for up to 140 residents who require hospital or rest home level care. Fifteen rest home rooms are approved for use by either rest home or hospital residents. Occupancy on the day of the audit was 140. This certification audit includes a review of the five aspects of service provision identified in the last audit as not fully compliant with the Health & Disability Sector Standards. The service provider has effectively addressed four of these issues. Improvement is still required to records of internal audits. Issues raised following investigation by the Accident Compensation Commission of a sentinel event in 2012 were reviewed and found to be fully addressed.

Following this audit further improvements are required to updating of care plans when needs change, ensuring that all complaints are entered in the complaints register, and corrective actions documented in complaints records, developing and implementing a suitable process to ensure the safety of electrical appliances is maintained, provision of suitable back up for maintaining the facility at a comfortable temperature during an extended electricity outage, and ensuring all staff receive regular fire training.

The service has gained a rating beyond the required full attainment for the continuous improvements in actively minimising restraint use.

### AUDIT SUMMARY AS AT 13-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

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 13-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Organisational Management	Day of Audit 13-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit 13-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 13-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.		<b>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 13-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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

<b>Infection Prevention and Control</b>	Day of Audit 13-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.		<b>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 13-MAY-13**

### **Consumer Rights**

Documented procedures, interviews with residents, families and staff members, together with observation confirm that residents' rights are understood and met in everyday practice. Resident and family interviews confirm that information is provided to them in a timely manner, they are free from discrimination and have access to advocacy services. They are treated with dignity and respect, and their privacy is preserved. All staff have received training relating to resident's rights, privacy and dignity in the last two years.

There is adequate access to resources and documented protocols to ensure recognition of Maori values and beliefs for residents who identify as Maori. Communication channels are clearly defined and interviews and observation confirm communication effectiveness with open disclosure of adverse events to residents and families. The facility manager has an open-door policy, resident meetings are conducted monthly, and any issues raised are followed up and remedied promptly.

Informed consent requirements are clearly documented and resident and staff member interviews confirm choice is given and informed consent is facilitated. A system for advanced directives is maintained. Enduring Power of Attorney orders are in place for those residents who need them. Links with community resources are supported and facilitated. Advocacy information is freely available and resident interviews confirm understanding of their right to make complaints if necessary. The complaints register records effective handling of complaints. Review of adverse event records indicates that some of these events are actually complaints and have been appropriately managed but have not been entered in the

complaints system. Improvement is required to ensure that all complaints are captured in the complaints register and that corrective actions are documented in the complaints records. All other aged care contract requirements are met.

### **Organisational Management**

Quality and risk management systems are established and maintained by the Oceania Group governing body which clearly define the scope, direction and goals of the facility and required monitoring and reporting processes against these. The Lady Allum business plan for 2013 defines service goals and performance indicators. The facility is managed by a suitably qualified and experienced facility manager who is a registered nurse. An experienced registered nurse clinical manager deputises in the absence of the facility manager.

There is a documented quality and risk management system which reflects continuous quality improvement principles. An internal audit programme for Lady Allum Village is in place and defects are remedied promptly. A previous improvement required in relation to the rating, dating, signing off and identification of audit location in the audit records has not been fully addressed and further improvement is required. Outcomes data is analysed monthly and used to improve service delivery. Quality and staff meetings are held monthly to review all quality and risk issues and the facility manager provides a detailed monthly report to the Oceania clinical and quality manager.

There is a robust system for reporting and investigation of adverse events and notification of families. There are implemented risk management and health and safety policies and procedures in place including incident, accident and hazard management. There is a hazard management reporting system and a hazard register that is reviewed quarterly and updated as hazards are identified.

Resident information systems are secure and maintained up to date.

Sound human resource management and employment policies are in place. New staff receive an orientation/induction programme on commencement of employment with close supervision until competency is verified. There is a suitable documented rationale for determining staffing levels and skill mix. Staffing is adequate to meet the needs of residents over the 24 hours. At least two registered nurses are on duty over the 24 hours with adequate numbers of care staff and experienced advice and assistance on back up at all times. There is an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. All relevant aged care contract requirements are met.

### **Continuum of Service Delivery**

The residents and family express a high level of satisfaction with the quality of care and services provided at Lady Allum. The service provides rest home and hospital level of care. The service implements the Oceania Groups policies and processes related to entry into the service and the continuum of service delivery, as well as having a site specific pre-admission assessment to assess resident's suitability to the service. All relevant aged care contract requirements are met.

Services are provided by suitably qualified and trained staff to meet the needs of residents. The service has robust systems in place to assess, plan, review and evaluate the care needs of each resident, utilising the Oceania Groups resources. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the required contractual time frames for the development, review and evaluation of the care plan. Residents are reviewed by a general practitioner (GP) on admission to the service and at least monthly, or more frequently, to respond to any changing needs of the resident. There is one area for improvement to ensure that the person centred care plans are updated when changes to the resident's condition occur.

The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services are planned and co-ordinated as required, based on the individual needs of the resident.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community. The service has a strong community focus, with a number volunteers offering recreational and entertainment services. The residents express high satisfaction with the group and individual activities offered at the service and speak highly of the community focus of the services.

A safe and timely medicine management system is observed at the time of audit. The medicine management processes and procedures comply with legislation and guidelines. The RN and senior caregivers in the rest home section are responsible for medicine management. The service has documented evidence that staff responsible for medicine management are assessed as competent.

Residents' nutritional requirements are provide by an external contractor. The menus are assessed by a dietitian as suited to the nutritional needs of the older person living in long-term care. The service provides additional and modified diets that are required to meet the resident's needs.

### **Safe and Appropriate Environment**

The building, facilities, furnishings and equipment are well maintained and suitable for the care and support of elderly, dependent residents. Applicable building regulations and requirements are met. Sufficient equipment and supplies are provided to meet the care needs of the residents. Equipment safety is maintained by functional testing and calibration as required. There is anecdotal evidence that electrical equipment is checked for safety but records are not maintained and there is no equipment list to identify what electrical equipment is on site. Improvement is required to ensure that there is a process in place to ensure that all electrical equipment on site is known and maintained in a safe condition.

Large, well-furnished lounge, chapel, dining and activities areas are accessible to all residents and additional small sitting areas are provided. Telephones and mail services are readily available. All areas of the facility have natural light and are maintained at a comfortable temperature for the residents.

Bedrooms are of sufficient size to allow for personal possessions and to accommodate mobility aids, equipment and staff caring for the resident.

All but one are single occupancy with one being a twin room. 15 assisted living suites each have their own sitting room, kitchenette and en suite. The units are of suitable size and are appropriately fitted out for either rest home or hospital residents.

Toilet, shower and bathing facilities are sufficient and appropriately equipped and fitted out for the number and dependence of the residents. Improvement is required to ensure that the hot water in resident areas in the Arohanui unit is maintained at 45<sup>0</sup>C or lower.

Cleaning services meet infection control requirements and are of a high standard. Laundry services are provided off site in another Oceania facility. Staff comply with safe waste and hazardous substances processes. Collection, storage and disposal of waste is in accord with infection control principles and complies with local body requirements. Appropriate processes are in place to maintain the safety and security of residents over the 24 hours and during an emergency. All staff have current first aid skills and receive training in handling emergencies and evacuation but not all staff have attended a trial evacuation in the last 12 months. Improvement is required to ensure that all staff receive fire education and training annually.

All other aged care contract requirements are met

### **Restraint Minimisation and Safe Practice**

The approved restraints at the service are bed rails and lap belts. There are currently four residents assessed as requiring the restraint use of bed rails or lap belts for safety and two residents assessed as requiring the voluntary use of enablers. The Oceania Groups policies and procedures are implemented to ensure the safe use of restraints and enablers. The service has gained a rating beyond the required full attainment for the continuous improvements in actively minimising restraint use.

Staff education is undertaken as part of orientation and as on-going in-service education. Staff are able to demonstrate their understanding of the restraint minimisation policy and procedures and the definition of an enabler. The service follows the Oceania Groups restraint approval processes, assessment process, evaluation, monitoring and quality review. All relevant aged care contract requirements are met.

### **Infection Prevention and Control**

The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. The infection control programme is reviewed annually. The organisation's infection prevention and control policies and procedures are developed through the Oceania Group expert committee, which reflects current accepted good practice. Relevant education is provided for both staff and residents. There is a monthly surveillance programme where infections are recorded, analysed, and where trends are identified, actions are implemented to reduce infections. The surveillance results form part of the monthly clinical indicators that are provided to the Oceania Group management, where the data is analysed and benchmarked with other Oceania Group facilities. All relevant aged care contract requirements are met.