

The Ultimate Care Group Limited - Ranburn

Date of audit: 24-Jun-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

Ranburn Lifecare provides residential care for 71 consumers at three service levels - Hospital [18 beds], rest home [35 beds] and a secure dementia unit [18 beds]. Occupancy on the day of the audit was at 58. The facility is operated by The Ultimate Care Group Limited [UCG].

SUMMARY

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 |
| | 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 | Indicator | 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 | Indicator | 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 all criteria achieved |

| Continuum of Service Delivery | Indicator | 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 | Indicator | 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 attained with some criteria of low risk partially achieved |

| Restraint Minimisation and Safe Practice | Indicator | 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 low risk partially achieved |

| Infection Prevention and Control | Indicator | 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. | | Standards applicable to this service attained with all |

| | | |
|--|--|--------------------------|
| <ul style="list-style-type: none"> • 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. | | criteria achieved |
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AUDIT RESULTS

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. However, there was no documented evidence available indicating that in-service education on cultural safety, and intimacy and sexuality have been provided. Consumer 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 at facility level and at Ultimate Care Group Head Office. There have been no complaint investigations by the Police, ACC or Coroner since the previous audit at this facility. There has been one complaint since the previous audit that has been referred to the Health & Disability Commissioner for investigation. This complaint relates to the standard of care provided to a resident and a lengthy investigation was undertaken by Ultimate Care Group in 2009. A copy of this investigation report was reviewed during this audit, along with monthly monitoring reports that have been provided to the Northland District Health Board since February 2010.

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. The 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 are two low risk partial attainments in this section relating to no documented evidence of in-service education having been provided on cultural safety, and intimacy and sexuality.

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 Manager who is not a New Zealand Registered Nurse. The Manager is supported by a Clinical Services Manager / Registered Nurse who provides clinical leadership for the care staff. The Facility Manager has been working in the aged care sector in New Zealand for the last six years, the last 2.5 years as Manager at three different aged care facilities. Documented evidence sighted demonstrated the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Ranburn has implemented the Ultimate Care Group Quality and Risk Management that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Combined Quality / Staff / Infection Control / Health and Safety meetings are held monthly which report on quality and risk issues and the Facility Manager provides a detailed 'Weekly and Monthly Report' to the Governing Body. An internal audit programme for Ranburn is in place and audits are being completed.

The adverse event reporting system evidenced a planned and co-ordinated 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. Police and reference checking. Staff files reviewed and interviews of staff provided evidence that performance appraisals are completed annually. Annual practising certificates are current for all staff who require them to practice.

New staff receive an orientation/induction programme prior to their commencement of care to consumers. In-service education sessions are provided twice a month. All staff who work in the dementia unit have completed the dementia specific modules and the care staff in the hospital and rest home are being supported to complete the dementia specific modules.

The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. The staffing rationale is based on 'SNZ:HB 8163:2005 Indicators for Safe aged-care and dementia-care for Consumers' - 'Table 4 Recommended hours per consumer' and is reported on weekly to Ultimate Care Group Head Office by the Facility Manager.

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. Consumers' files sampled demonstrated completed admission checklists and admission form which evidences information is entered within stated timeframes and audits of consumers' records include timeliness of entry.

Continuum of Service Delivery

Tracer methodology has been utilised for this audit to validate the service delivery to the consumers. A 10% sampling of consumer files [4 hospital, 3 rest home and 3 secure dementia unit] evidenced that the provider has implemented systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs, outcomes and/or goals have been identified and these are reviewed on a regular basis with the consumer and/or family member's input. A new Resident Lifestyle Plan has recently been implemented which provides very clear direction for staff. Risk assessment tools i.e. nursing, dietary, physiotherapy, GP appropriate to the consumer needs are documented. RNs review each risk assessment tool at time of care plan evaluations which is done 3 monthly or more frequently if required. There is also a 'Risk Summary Sheet' on the left hand side of the file which identifies key risk areas.

A new GP group has been contracted to provide medical services at Ranburn. There are 4 GPs in the practice who roster themselves 24 hours 7 days per week. This contract commenced early June. Interview with GP on day two of audit who stated clinical care at Ranburn is very good, staff noted to be very caring and that they are notified in a timely way of any concerns that staff may have.

Two Activities Coordinators are employed Monday to Friday to run the programmes in the rest home, secure dementia unit and hospital. The planned activities are appropriate to the rest home and hospital group setting but comment is made regarding the repetitive activities noted in the secure dementia unit. Consumers interviewed in the hospital and rest home

confirmed their satisfaction with the programme. Consumer files evidenced individual activities are provided either within group settings or on a one-on-one basis.

An appropriate medicine management system is implemented with the Robotic dispensing system being used. Policies and procedures clearly detail service provider's responsibilities however, there is one partial attainment regarding the PRN medication procedure needing to be documented. 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. There are two consumers self medicating and appropriate systems are in place for this apart from the policy needing to be clarified. 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 a Dietitian of the menu on 30 April 2009. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidenced compliance with current legislation and guidelines. The kitchen has been inspected by the Whangarei District Council and has a Certificate of Registration 'Health (Registration of Premises) Regulation 1966' to cover the period 01 September 2009 to 31 August 2010.

There are 4 partially attained criteria as discussed above, 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 as described in the 'Waste Management Policy'. 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.

Service provider documentation evidenced appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidenced all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. However, the ramp area from the dementia unit to the outside gardens / walking area on the south side of the building is starting to develop a covering of moss and is a potential slip hazard. Consumers interviewed stated their room and equipment is well maintained and that they are able to move freely around the facility.

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. Staff have completed appropriate training in chemical safety. Visual inspection evidenced compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

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 two low risk criteria relating to the potential for consumers, staff, and visitors to slip on the ramp to the gardens on the south side of the dementia unit as moss is starting to build up on this ramp.

Restraint Minimisation and Safe Practice

Ultimate Care Group have generic restraint policies and guidelines with appropriate restraint tools e.g. consents, assessments, monitoring and reviews in place. The Clinical Service Manager is the designated Restraint Coordinator for Ranburn and there is a Restraint Approval Group which meets 6 monthly and has a consumer representative on this committee.

Systems are in place to ensure rigorous assessment of consumer is undertaken prior to restraint usage being implemented. Currently there are 8 consumers in the hospital recorded in the restraint register using either bed rails and / or lap belts. The secure dementia unit accommodates 18 consumers and is an environmentally secure facility. Consumers' files sampled demonstrated restraint assessment and risk processes are being followed and that restraint reviews are being completed 3 monthly. There is one partial attainment with two issues relating to observations not being recorded on the monitoring template and bed covers not being used for all consumers using bedrails.

Staff interviews and records evidenced that staff received current training on RMSP and have current restraint competency assessments.

There is one partially attained criterion with two issues which is rated low risk.

Infection Prevention and Control

The Ultimate Care Group infection control management systems are in place at Ranburn Lifecare. These systems are documented and have been implemented to minimize the risk of infection to consumers, 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.

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.

Service provider's documentation evidenced that relevant infection control education is provided to all service providers as part of their orientation and is provided as part of the ongoing in-service education programme.

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. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

There are no partially attained criteria in this section.