

Oceania Care Company Limited - Lady Allum

CURRENT STATUS: 25-Oct-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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 provides residential care for up to 140 consumers who require hospital (up to 100 consumers) and rest home (up to 40 consumers) care. Occupancy on the day of the audit was at 136. An unannounced surveillance audit of the facility was conducted and the audit included a review of the five aspects of service provision identified in the previous audit as not fully compliant with the Health & Disability Sector Standards and District Health Board contract. The service provider has made good progress towards addressing these issues and none of these issues still require further action.

No additional areas requiring improvement were identified during this audit.

During this audit 15 rooms were surveyed to establish their suitability as swing beds. The service has already been using these as swing beds following permission to do so from HealthCERT. All the rooms proposed for swing beds are large rooms (previously ('care suites')) with a large ensuite bathroom. They are situated on the ground floor and are easily able to accommodate hospital level residents with the extra need for staff and equipment in the room. Rosters are developed to already account for each of these rooms accommodating hospital level residents and rosters are adequate to meet this need. On the day of the audit the resident mix was 97 hospital residents and 39 rest home level residents.

The organisation continues to achieve a high level of compliance to audit requirements, systems are robust and well implemented. Identified areas requiring improvement are addressed in a proactive and timely manner.

AUDIT SUMMARY AS AT 25-OCT-11

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	Day of Audit 25-Oct-11	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.		No short falls

Organisational Management	Day of Audit 25-Oct-11	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.		No short falls

Continuum of Service Delivery	Day of Audit 25-Oct-11	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.		No short falls

Safe and Appropriate Environment	Day of Audit 25-Oct-11	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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 25-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 25-Oct-11	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.		No short falls

Date of audit: 17-May-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

Lady Allum provides residential care for 140 consumers at two service levels - Hospital [100 beds] and rest home [40 beds]. The service exited the provision of

secure dementia care 3 weeks ago. Occupancy on the day of the audit was at 132. The facility is operated by Oceania Care Company [No 2] Limited.

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. Consumer and family members interviewed stated a high level of 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. There have been three complaint investigations by the Health & Disability Commissioner since the last surveillance audit all have received final decisions from the HD Commissioner and files have been closed out.

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 no partial attainments in this section.

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 Facility Manager who has been in this role for three years. She is also supported in this role by two Clinical Managers. Documented evidence sighted demonstrated the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Lady Allum has an established, documented, and well maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Quality improvement meetings are held monthly which report on all quality and risk issues and the Facility Manager provides a detailed monthly report to the Governing Body. An internal audit programme for 2010 is in place. There are two partial attainments which relate to current reviews of Oceania policies and procedures and internal audits.

The adverse event reporting system evidenced a planned and coordinated 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 files were well maintained with all the HR processes being followed e.g. reference checking, education/qualifications and interview questionnaires. Annual practising certificates are current for all staff.

New staff receive an orientation/induction programme prior to their commencement of care to providers and a staff education programme is implemented for the service. Staff are supported to attend the Wellcare National Certificate in Support of the Older Adult.

The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. Registered nurse coverage is fully compliant and Health Care Assistant coverage stable.

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. There is a requirement for all health care assistant staff to record designation when signing progress and restraint monitoring records.

There are three partial attainments in this section all rated low risk.

Continuum of Service Delivery

Tracer methodology has been utilised for this audit to validate the service delivery to the consumers. A sampling of consumer files [9hospital, and 3 rest home] evidences 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.

2 continued improvements in this standard relate to consistently well documented and maintained service delivery plans, that reflect evidence of a high level of integrated care. There is one partial attainment relating to not all service providers have received current training on RMSP and/or have current restraint competency assessments. It is noted that all the care staff have received current training on RMSP and have current restraint competency assessments. This is duplicated with the partial attainment noted under the Restraint Standard.

Planned activities are appropriate to the group setting. Consumers interviewed confirmed their satisfaction with the programme. Consumer files evidence 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. 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. Appropriate systems are in place for consumers who may self medicate -nil currently. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines.

Alliance Food Services provide the meal services for Lady Allum facility. There food safety plan and standard operating procedures follow HCAPP principles with regular monitoring and auditing evidencing a high level of compliance. As well, Oceania have their nutrition & hydration policies / guidelines in place. Menu reviews are current and include a seasonal variety. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidenced compliance with current legislation and guidelines.

There is one partially attained criteria as discussed above - 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. 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. 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. The laundry service is managed off site by an external contractor.

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 no partial attainments in this section.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrates consumers are experiencing services that are the least restrictive.

The service has processes in place at both Governance Level and Facility level for determining restraint approval and processes. Staff interviewed and files sampled evidences that responsibilities are clearly identified and known. Consumer files sampled evidence consumer/family input into the restraint approval processes. Restraint Committee evidences an approval review process.

Systems are in place to ensure rigorous assessment of consumer is undertaken prior to restraint usage being implemented. Consumers' files sampled demonstrates restraint assessment and risk processes are being followed.

Restraint education is included in the annual in-service education programme. Staff interviews and records, however, indicate that not all service providers have received current training on RMSP and/or have current restraint competency assessments. It is noted that all the care staff have received current training on RMSP and have current restraint competency assessments.

Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Consumer files sampled evidence that each episode of restraint is being evaluated and based on the risk of the restraint being used.

There is one partially attained criteria as discussed above - rated low risk.

Infection Prevention and Control

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, service providers and visitors. Generic Oceania policies / procedures are in place. One of the Clinical Managers is the designated IC Nurse. The IC committee is part of the IC & H&S committee and meets monthly and provides IC reports to the Quality Committee.

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.

Service provider's documentation evidenced that relevant infection control education is provided to all service providers, support staff and consumers.

There are no partial attainments in this section.

Standards have been assessed and summarised below:

Key

Five point scale	Description
Standards applicable to this service attained with some criteria exceeded	Includes commendable elements above the required levels of performance
Standards applicable to this service attained with all criteria achieved	Complies with standards
Standards applicable to this service attained with some criteria of low risk partially achieved	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved	A moderate number of shortfalls that require specific action planning to address
Some standards or this standard unattained that are applicable to this service	Major shortfalls, significant action is needed to achieve the required levels of performance

Consumer Rights	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 all criteria achieved

Organisational Management	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 some criteria of low risk partially achieved

Continuum of Service Delivery	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	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 all criteria achieved

Restraint Minimisation and Safe Practice	Assessment
<p>Includes 3 standards with outcomes where:</p> <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 	<p>Standards applicable to this service attained with some criteria of low risk partially achieved</p>

Infection Prevention and Control	Assessment
<p>Includes 6 standards which require:</p> <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. - 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. 	<p>Standards applicable to this service attained with all criteria achieved</p>