

## The Ultimate Care Group Limited - Lansdowne

**CURRENT STATUS: 01-Dec-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

Lansdowne Court Lifecare provides residential care for up to 37 consumers who require hospital and rest home level care. Occupancy on the day of the audit was at 34 [24 hospital and 10 rest home]. An unannounced surveillance audit of the facility was conducted and the audit included a review of the six 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 progress towards addressing these issues and three of these issues still require further action. These aspects of service provision relate to: implementation of multidisciplinary reviews of consumer care; completion of monitoring forms for restraint usage; and completion of restraint minimisation and safe practice education for all clinical staff.

Two additional areas requiring improvement were identified during this audit relating to; quality and risk management documentation; and challenging behaviour education for staff.

The facility is operated by The Ultimate Care Group Limited. A new Facility Manager has been appointed since the last audit and she started in this role in April 2011. Prior to this appointment she was working as the Clinical Nurse Manager in this facility. The Facility Manager is a registered nurse and has worked in the aged-care sector since August 2009. There have been no changes to the building since the last certification audit.

### AUDIT SUMMARY AS AT 01-DEC-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

Indicator	Description	Definition
	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	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.	01-Dec-11	<b>No short falls</b>

Organisational Management	Day of Audit	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.	01-Dec-11	<b>A number of shortfalls that require specific action to address</b>

Continuum of Service Delivery	Day of Audit	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.	01-Dec-11	<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 01-Dec-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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 01-Dec-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>A number of shortfalls that require specific action to address</b>

<b>Infection Prevention and Control</b>	Day of Audit 01-Dec-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.		<b>No short falls</b>

### **The Ultimate Care Group Limited - Lansdowne**

**Date of audit: 11-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**

Lansdowne Court Lifecare provides residential care for up to 37 consumers requiring hospital level care or rest home level care. The service provider also has contracts with the Wairarapa District Health Board to provide palliative care, respite care, and health recovery. Occupancy on the day of the audit was at 30. The facility is operated by The Ultimate Care Group 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. Resident 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 and complaints forms are displayed and are readily available.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers interviewed demonstrated an understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained. The Facility Manager reported there have been no complaint investigations by the Health & Disability Commissioner, Police, ACC or Coroner since the previous audit at this facility.

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 demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirm 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 registered nurse who has been the Facility Manager at Lansdowne Court since August 2007. Prior to her appointment as Facility Manager she was the Clinical Co-ordinator. Documented evidence sighted demonstrated the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Lansdowne Court has a documented, and maintained quality and risk management system in place that reflects continuous quality improvement principles. Outcome data is analysed to improve service delivery. Quality and Risk meetings are held monthly and quality and risk issues are discussed at these meetings. The Facility Manager provides weekly and monthly reports to the Governing Body. An internal audit programme for Lansdowne Court is in place.

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 in place provides for the implementation of processes both at the commencement of employment and ongoing in relation to education. A sampling of seven staff records evidenced that human resource processes are followed. Staff files reviewed and staff interviewed provided evidence

that performance appraisals are completed annually. Annual practising certificates are current for staff who require them to practice.

New staff receive an orientation prior to their commencement of care to providers. In-service education sessions are provided two to three times a month, as well as compulsory education sessions being provided throughout the year.

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:HB8163:2005 Indicators for Safe aged-care and dementia-care for Consumers' - Table 4 Recommended hours per consumer.

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 need for staff to include their designation when signing consumer progress records, and for the signature register to include GP signatures.

There is one low risk partial attainment in this section relating to the consumer records.

### **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 [4 hospital, 2 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. A need for all consumers to have multidisciplinary reviews completed or current has been identified.

Planned activities are coordinated by a registered diversional therapist and are appropriate to the group setting. Consumers interviewed confirm 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 blister packs 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. Medication files sighted evidenced documentation of consumers' allergies/sensitivities. 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, except for issues noted below.

Some R/ N staff have not completed current medication competency clinical assessments. Some 3 monthly medication reviews have not been completed by general practitioners, and some GP prescribing records have been faxed and the writing is not clearly legible. Pharmacy dispensed 'PRN' medications labels do not record drug expiry dates.

Food services policies and procedures are appropriate to the service setting with current review by the 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.

There are three partial attainments in this section, 1 rated moderate risk and 2 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 per 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 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 training in chemical safety. Visual inspection evidenced compliance regarding safe and hygienic storage areas of cleaning and laundry equipment, and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and files reviewed 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 responsibilities are clearly identified and known, and records evidence that staff receive training on RMSP. Consumer files sampled evidence consumer/family input into the restraint approval processes. The Restraint Committee evidences an approval review process.

Systems are in place to ensure rigorous assessment of consumers is undertaken prior to restraint usage being implemented. Appropriate systems are in place to ensure the service is using restraint safely, and restraint policies / procedures identify risk processes to be followed when a consumer is being restrained.

Monitoring observations are not consistently recorded on monitoring sheets. Not all staff have an individual record of current restraint competency.

There are two low risk partially attained criteria in this section.

### **Infection Prevention and Control**

The Ultimate Care Group Infection control management systems are in place at Lansdowne Court. These systems have been documented and 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 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 partial attainments in this section.

Standards have been assessed and summarised below:

Key

Five point scale	Description
<b>Standards applicable to this service attained with some criteria exceeded</b>	Includes commendable elements above the required levels of performance
<b>Standards applicable to this service attained with all criteria achieved</b>	Complies with standards
<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
<b>Standards applicable to this service</b>	A moderate number of shortfalls that

attained with some criteria of moderate or high risk partially achieved or unachieved	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

<b>Consumer Rights</b>	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>Standards applicable to this service attained with all criteria achieved</b>

<b>Organisational Management</b>	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>Standards applicable to this service attained with some criteria of low risk partially achieved</b>

<b>Continuum of Service Delivery</b>	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>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved</b>

<b>Safe and Appropriate Environment</b>	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>Standards applicable to this service attained with all criteria achieved</b>

<b>Restraint Minimisation and Safe Practice</b>	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>- Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>- Consumers requiring restraint receive services in a safe manner</li> </ul>	<b>Standards applicable to this service attained with some criteria of</b>

<ul style="list-style-type: none"> <li>- Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>	<b>low risk partially achieved</b>
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<b>Infection Prevention and Control</b>	Assessment
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>- 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.</li> <li>- The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>- Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>- 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.</li> </ul>	<b>Standards applicable to this service attained with all criteria achieved</b>