

Oceania Care Company Limited - Duart

CURRENT STATUS: 24-Jan-12

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

This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the District Health Board Contract. Duart provides residential care for up to 66 consumers who require rest home and hospital level care. Occupancy on the day of the audit was at 64. The facility is operated by Oceania Care Group. There have been no major changes to buildings, plant and equipment since the last audit and there is a programme of ongoing refurbishment of internal living areas. There are no areas identified as requiring improvement during this certification audit

AUDIT SUMMARY AS AT 24-JAN-12

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 24-Jan-12	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 24-Jan-12	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 24-Jan-12	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 24-Jan-12	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 24-Jan-12	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 24-Jan-12	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

AUDIT RESULTS AS AT 24-JAN-12

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Consumers interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidences the Health & Disability Commissioner (HDC) Code of Health & Disability Services Consumers' Rights (the Code) 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 interviewed demonstrate 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 advises there have been no complaint investigations by the Health & Disability Commissioner, Police, Accident Compensation Corporation (ACC) or Coroner since the previous audit at this facility. The Facility Manager advises that just after the last surveillance audit a complaint relating to the quality of the food was made to the Ministry of Health who referred this complaint to the District Health Board for investigation. Documentation relating to this complaint was reviewed during this audit.

Systems are in place to ensure consumers and where appropriate their family 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 is provided.

Organisational Management

Systems are established and maintained by the governing body which 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 has been in this position since April 2008. The Facility Manager is supported by a Clinical Manager. The Clinical Manager was appointed to this position in January 2008. The Facility Manager and Clinical Manager are both very experienced registered nurses, who have worked in the aged

care sector for several years. There is also two Charge Nurses, one for each hospital wing, and an Enrolled Nurse / Team Leader for the rest home, who are responsible for the oversight of clinical care in each of the three areas. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Duart has an established, documented, and maintained quality and risk management system that clearly reflects continuous quality improvement principles. There is clear evidence that quality improvement data is analysed to improve service delivery and that monitoring of quality improvement data occurs. Staff meetings and Quality meetings are held monthly and there is clear evidence of reporting on quality and risk issues, as well as tracking and monitoring of any corrective actions required. Quality improvement data is reported to the staff meetings and quality meetings and to Oceania Support Office via intranet. Graphs displaying the clinical indicators are displayed for staff in the staff room and in each of the areas to monitor progress towards achieving targets that have been developed by the Facility Manager. An internal audit programme for Duart is in place and audits are completed and reported on via the Staff and Quality meetings.

The adverse event reporting system evidences a planned and co-ordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy is implemented. Eight of eight consumer files reviewed provide evidence of communication to families following any adverse events involving the consumer, or any change in the consumer's condition.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to staff education. The Clinical Manager is responsible for facilitation of the inservice education programme at Duart and two other Oceania Care Group facilities. Care staff are required to attend one of the four compulsory study days provided throughout the year and registered and enrolled nurses participate in the Performance Development Recognition Programme [PDRP] via the local District Health Board. A sampling of ten staff records evidences human resource processes are followed e.g. reference checking, Police checking and interview questionnaires are completed. Annual practising certificates are current for all staff that require them to practice. An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to consumers.

The service has a documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery that is based on best practice. Twenty four hour registered nurse cover is provided. The minimum amount of staff is provided during the night shift and consists of one registered nurse and two Health Care Assistants in the hospital, and one Health Care Assistant in the rest home. The Facility Manager and Clinical Manager are 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.

The service provider demonstrates that the information entered into the consumer information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with the legal requirements.

Continuum of Service Delivery

A sampling of the clinical files validates the service delivery to the consumers with improvements implemented from the previous audit in the documentation of care. Files evidence that the provider implements systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs, outcomes and/or goals are identified and these are reviewed on a regular basis with the consumer and/or family member's input. Interviews conducted with the consumers' express high satisfaction with the staff and service delivery.

Planned activities are appropriate to the group setting. Consumers interviewed confirm their satisfaction with the programme. Consumers' files evidence individual activities are provided either within group settings or on a one-on-one basis.

An appropriate medicine management system is implemented. 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 three monthly medication reviews completed by general practitioners. Appropriate systems are in place for consumers who are self-medicating. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines.

Food services policies and procedures are appropriate to the service setting and evidence expertise into menu planning by a Dietitian from Medirest who are contracted to provide the food service. Consumer's individual needs are identified, documented and reviewed on a regular basis. Consumers interviewed were complimentary of the food service provided and report the food service has improved since a new chef started in December 2011. Visual inspection evidences compliance with current legislation and guidelines.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service providers' documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. Consumers interviewed state 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 evidences 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 evidence current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrate 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 evidence responsibilities are clearly identified and known. Consumers' files sampled evidence consumer/family input into the restraint approval processes. Restraint Committee which is incorporated into the monthly quality meeting minutes 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 demonstrate restraint assessment and risk processes are being followed. Staff interviews and records evidence that clinical staff have received current training on restraint management and have current restraint competency assessments. Non clinical staff have received training on the management of challenging behaviour.

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

Infection Prevention and Control

The Oceania Care Group corporate infection control management systems are in place at Duart. 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 evidences that infection control education is provided to all service providers 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, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.