Oceania Care Company Limited - Te Mana

CURRENT STATUS: 09-May-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

Te Mana Home and Hospital is part of the Oceania Group. This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the District Health Board Contract. Te Mana provides residential care for up to 43 residents at rest home and hospital level of care for the older adult and the younger person living with a disability. Occupancy on the day of the audit is a total of 33 hospital and 10 rest home level of care residents (which includes 10 residents under the age of 65 at both the rest home and hospital level of care). The have been no major changes to buildings, plant and equipment since the last audit, with the call bell system being upgraded on the day of audit.

A total of 191 criteria are fully attained with 13 areas identified that do not fully meet the required criteria for this certification audit. A high priority area for improvement required relates to provision of service delivery with wound care, pressure area care, fluid management and the monitoring of restraint. The areas for improvement in the service delivery area are also identified in two complaints that the service has received that are currently under investigation by the Health and Disability Commissioner (HDC). Other areas of improvement relate to the documentation in the residents' files, activities programme for the younger disabled residents and accuracy of information in the infection data.

AUDIT SUMMARY AS AT 09-MAY-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

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 09-May-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 09-May-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Continuum of Service Delivery	Day of Audit 09-May-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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Day of Audit 09-May-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 09-May-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		**A number of shortfalls that require specific action to address**

Infection Prevention and Control	Day of Audit 09-May-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

AUDIT RESULTS AS AT 09-MAY-12

Consumer Rights

Te Mana provides information and undertakes a pre-admission meeting discussing service provision, the admission agreement and residents' rights. These are explained to the resident and their family/whanau. Residents' cultural and individual values and beliefs are assessed on admission and documented in their plan of care. Staffs receive education relevant to delivering services in a manner that recognises and meets residents' needs and wants, and allows independence to be maximised. Resident and family/whanau interviews confirm service delivery meets the Health and Disability Code of Health and Disability Services Consumers' Rights (the Code). Policies and procedures are provided by the Oceania Group and reflect good practice standards. There is an up to date complaints register with all received complaints resolved in a timely manner. The service currently has two complaints under investigation with the HDC which relate to the areas identified for improvement in the service delivery standards. There are Advocacy and support services available to residents and staff. The service is able to demonstrate appropriate contact with family/whanau and community services.

The service has appropriate implemented policies around informed consent. Consumers and their family are provided with information and supported to make informed choices. Choices are documented and acted upon and advance directives are implemented.

Organisational Management

The day-to-day services of the facility are overseen by the facility manager (RN) who is supported by a nurse leader (RN) for all clinical activities. The facility manager is experienced and educated to perform the roles of authority identified in their job descriptions. The staff, family and residents commented on the leadership and quality improvements the facility manager has implemented. Quality and risk management systems reflect the principles of continuous quality improvement and meet contractual requirement with the District Health Board. Human resources management processes are conducted in accordance with good employment practice and legislative requirements. Staff skill mix and staffing numbers exceed contractual requirements.

The service has implemented policies around the management of consumer records and integrated files. All entries into the integrated file are legible, signed and dated. There is an improvement required around documenting designations and ensuring records are legible.

Continuum of Service Delivery

The service has an assessment process and consumer's needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed by the registered nurses. Risk assessment tools and monitoring forms are available and implemented. Service delivery plans are individualised. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. There are improvements required around timeliness of assessments and evaluations, having care plans reflect assessments and include interventions for all identified issues, wound care and wound documentation, ensuring consumers receive appropriate care and interventions and evaluations for long and short term care plans.

The diversional therapist position is currently vacant and some activities are being provided by caregivers with allocated time dedicated to activities. There are programmes running that are meaningful and reflect ordinary patterns of life. There are also visits from community groups. There is an improvement required around the programme meeting the needs of consumers, especially those under 65 years.

Medications are managed appropriately in line with accepted guidelines. There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. There is an improvement required around dating eye drops when opening and ensuring they are discarded when out of date.

Food services policies and procedures are appropriate to the service setting and evidence expertise in menu planning and understanding of nutritional guidelines. Consumer's individual needs are identified, documented and reviewed on a regular basis.

Safe and Appropriate Environment

In-service education, which includes specific learning related to healthcare waste, emergency procedures and appropriate security measures, to keep residents and visitors safe, is undertaken by all staff. Residents are provided with safe, adequate, age appropriate facilities that are furnished to reflect the home like nature of the resident's needs. There is a reactive maintenance process and a long term maintenance programme in place. Safe and hygienic cleaning and laundry services are provided for residents and the facility is clean, neat and tidy. All laundry is carried out on site. The service has adequate heating and air-conditioning throughout. There is a dedicated outdoor smoking area which does not expose non-smokers to tobacco smoke.

Restraint Minimisation and Safe Practice

The service has policies and procedures to safely manage and minimise restraint and enabler usage. There are currently 17 consumers requiring bedsides or lap belts that are assessed as restraint and one consumer using an enabler. There is a restraint register and a separate enabler register. Restraint minimisation and managing challenging behaviour training is completed each year and staff complete restraint competencies regularly. The restraint standards are being implemented and implementation is reviewed through internal audits with benchmarking across the organisation. Te Mana also reviews restraint through its two monthly restraint meetings. There are improvements required around ensuring the restraint register is accurate, ensuring regular monitoring occurs, and ensuring all consumers using restraint have an assessment and family consent to restraint use.

Infection Prevention and Control

Te Mana infection prevention and control policies and procedures implemented by the service reflect accepted good practice and infection prevention and control principles in care delivery. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The programme is relevant to the size and scope of the service and is monitored by the infection control co-ordinator. Analysis and evaluation of data is used to develop any corrective actions required which are monitored by the infection control co-ordinator in a timely manner. The infection control co-ordinator ensures the surveillance methods are adhered to and monthly infection surveillance data are recorded, collated and reported to management through monthly reporting of clinical indictors. An area for improvement is required in ensuring the infection surveillance data collected on site correlates to the information in the clinical indicators.