

Oceania Care Company Limited - The Oaks

CURRENT STATUS: 19-Sep-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. The Oaks Senior Care Centre home provides care for 106 residents. Ten beds are for rest home only and 27 beds are for hospital only. The other 69 beds can be for rest home or hospital residents. On the day of the audit there were 83 residents who receive rest home or hospital care (32 are rest home level care and 51 hospital level care residents). There are 14 residents who are independent living. Of the 106 beds, 11 are apartments and 25 studio units that can be used as independent living, rest home or hospital care. The 106 beds are divided into two buildings which are divided by porticos. The main building (East and West wings) have 76 beds and the smaller building (Acorn) has 30 beds. The facility is operated by Oceania Care Company Ltd. There are three areas for improvement identified from this audit relating to call bells, documentation of infections in care plans and documentation of GP visits.

AUDIT SUMMARY AS AT 19-SEP-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

Indicator	Description	Definition
	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 19-Sep-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 19-Sep-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 19-Sep-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 19-Sep-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Day of Audit 19-Sep-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 19-Sep-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 19-SEP-12

Consumer Rights

Residents at The Oaks Senior Care Centre receive services that are respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents and family members interviewed report their contentment with the service and that staff are providing suitable care and are very good at communicating with families. A walk around the facility provides evidence that the Code of Health and Disability Services Consumers' Rights (the Code), is displayed along with complaint forms. The service has appropriate systems in place to manage any complaints and a register is maintained. There have been no complaint investigations by the Police, Accident Compensation Corporation, Health and Disability Commissioner or Coroner since the previous audit at this facility.

Systems are in place to ensure residents and their family are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate good understanding in relation to informed consent and informed consent processes. Residents and family members 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 Oceania Care Company Ltd, the Manager and senior nursing team 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 in her position for 18 months. Previous to this position she was a Facility manager of another aged care Oceania facility in Christchurch. The Oceania Clinical Quality Manager for the South Island is accessible for management support and was present for both days of the audit.

The Oaks Senior Care Centre has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. There are numerous quality initiatives that the Manager coordinates that have improved resident care.

A registered nurse/quality person is employed for eight hours a week to implement the quality system. Quality/staff meetings and health and safety meetings are held monthly which report on all quality and risk issues. The Manager provides a detailed monthly report to Oceania which includes clinical indicators. An internal audit programme is in place and implemented. Corrective actions for gaps found are developed and implemented and followed up by staff. The facility has ACC primary level accreditation for the Workplace Safety Management Programme (WSMP).

The adverse event reporting system provides evidence of a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. An open disclosure policy is implemented, including informing residents and/or family of any adverse events.

There is an implemented system in place to ensure staff complete an induction programme at the commencement of employment. Staff interviewed said that this is comprehensive and informative. The organisation offers the Certificate in Residential care for all care givers. In addition there is a comprehensive in-service training programme with sessions being run at least twice a month. In addition there are work books for each education session for staff who cannot attend.

The Oaks Senior Care Centre has a clearly documented rationale for determining staff levels and skill mixes in order to provide safe service delivery. There is a minimum of two registered nurses on duty 24 hours per day and the Manager or Clinical manager is on call. Staff work in pairs and rotate weekly except for terminal care residents who have senior staff caring for them. Staff report that there is very good support from the registered nurses on the floor and the senior management team.

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

Continuum of Service Delivery

The Oaks Senior Care Centre has a documented entry criteria which is communicated to residents, family and referral agencies.

Systems are implemented that evidence each stage of service provision (assessment, planning, provision, evaluation, review and exit) has been developed with residents and/or family input, is provided within stated timeframes and is coordinated to promote continuity of service. Staff training records detail appropriate qualifications and/or experience and staff interviewed confirm they are trained and in their view competent to perform expected tasks. Residents interviewed confirm their input into their care planning and that they have access to a typical range of life experiences and choices.

Documentation and observations made of the provision of services and/or interventions demonstrate that consultation and liaison is occurring with other services and residents interviewed confirm that interventions noted in their service delivery plan are consistent with meeting their needs.

A sampling of residents' clinical files validates the service delivery to the residents. Evaluations of Service Delivery Plans are within stated timeframes and reviewed more frequently if a resident's condition changes. Residents and family interviewed confirm their participation in these evaluations. Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

Planned activities are appropriate to the group setting. Residents interviewed confirm their satisfaction with the programme. Residents' 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. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines.

The Oaks Senior Care Centre has a central kitchen and on site staff that provide the food service. The cook has worked at the facility for many years and is very experienced. Staff in the kitchen have completed food safety training. There is a seasonal menu which is reviewed annually by a dietitian. Residents state the meals are delicious and varied.

There is one area requiring improvement that relates to providing evidence GP exception is noted and signed by GP to indicate the resident is clinically stable and able to be assessed three monthly.

Safe and Appropriate Environment

The single storied (except for one rest home room upstairs in the Acorn wing), purpose built facility consists of two buildings that are adjacent to each other and separated by a driveway. There are rest home, hospital and independent living residents in each building. The larger building has the laundry, kitchen and the East and West wings. Both buildings have a sluice, laundry, dining rooms, living rooms and kitchen. The Clinical manager is based in Acorn and the Facility manager is based in the main building. The buildings have a current building warrant of fitness and are well maintained. A maintenance person works 40 hours a week.

Residents are in single bedrooms which are personalised. Residents rooms and hallways are spacious and easily accessible. Residents have unrestricted access to numerous lounge areas within the facility.

Chemicals are stored in locked cupboards and the containers are labelled appropriately. Personal protective equipment is available and used by staff. Regular cleaning audits are undertaken and resident feedback is sought regarding laundry services.

Staff are trained in emergency management and the service has sufficient supplies in case of emergency. The service has an approved fire evacuation plan.

There is sufficient heating and all residents rooms have at least one external window. There is a designated area for residents to smoke.

An area for improvement is identified in relation to ensuring all call bells and emergency bells work and that the (one) rest home resident upstairs in the Acorn wing has a permanent call bell in his bedroom and bathroom.

Restraint Minimisation and Safe Practice

The Oaks Senior Care Centre evidences there are 15 restraints and four enablers utilised by residents at the facility on audit day.

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrates residents 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 restraint processes.

Residents' files sampled evidence resident and family input into the restraint approval process, restraint assessment and risk processes are being followed and each episode of restraint is being evaluated. Restraint Committee meeting minutes evidence an approval review process.

Staff interviews and staff records evidence that clinical staff have received current training on restraint management and have current restraint competency assessments and non clinical staff have received training on the management of challenging behaviour.

Infection Prevention and Control

The service has a documented infection prevention and control programme and policies and procedures. The size of the infection control committee is appropriate to the size of the service. The infection control nurse has access to external information. Infection control education is provided to staff. Surveillance is undertaken by the service.

An area for improvement is ensuring residents with colonised Extended Spectrum Beta Lactamase (ESBL) have this documented in their plan of care.