

Oceania Care Company Limited - Chiswick Park

CURRENT STATUS: 04-Oct-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. Chiswick Park provides residential care for up to 50 residents who require hospital or rest home level care. Occupancy on the day of the audit was at 44.

The facility is operated by Oceania Care Company Limited. A new Facility Manager, who is a registered nurse, has been contracted for a 12 month period to mentor the Clinical Manager. The contracted Facility Manager started on 12 March 2012. Several improvements to the facility have been noted since the last audit. For example, extensive work has been undertaken to clean up overgrown gardens, de-clutter areas of the facility and several bedrooms have been redecorated as they have become vacant. Improvements have also been noted to the management of documentation, especially the quality and risk management documentation although one area has been identified as requiring improvement. This relates to staff not consistently documenting observations in residents records after they have had a fall.

AUDIT SUMMARY AS AT 04-OCT-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 |

| Indicator | Description | Definition |
|-----------|--|--|
| | 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 04-Oct-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 04-Oct-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. | | A number of shortfalls that require specific action to address |

| Continuum of Service Delivery | Day of Audit 04-Oct-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 04-Oct-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 04-Oct-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 04-Oct-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 04-OCT-12

Consumer Rights

Services are provided in a manner that is respectful of consumer/resident rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents and family members interviewed are complimentary of the service provided and report that staff are providing appropriate care and treatment. Visual inspection provides evidence the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed throughout the facility, along with complaints information and complaints forms.

There are systems in place to ensure residents and their family are advised on entry to the facility of the complaint processes. Residents and family interviewed demonstrate an understanding of the complaint processes. A Complaints Register is maintained in hard copy and via the Oceania intranet. The Facility Manager advises there have been no complaint investigations by the Health and Disability Commissioner, Ministry of Health, District Health Board, Police, Accident Compensation Corporation (ACC) or Coroner since the last audit at this facility.

Systems are in place to ensure residents and where appropriate their family/whanau is provided with appropriate information to assist them to make informed choices and to give informed consent. The staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Residents interviewed confirm that they have been made aware of and understand the informed consent processes and that appropriate information has been provided. The General Practitioners (GP's) have input into processes regarding advanced directives.

Organisational Management

Systems are established and maintained by the governing body which defines the scope, direction and goals of the organisation and the facility, and the monitoring and reporting processes against these. Quality improvement data, including clinical indicators, are reported to the governing body support office via the Oceania intranet. The Facility Manager also submits monthly reports. A new Facility Manager, who is a registered nurse, has been contracted for a 12 month period until 15 March 2013. The Clinical Manager, who is also a registered nurse, started on 03 April 2011 and is being mentored by the contracted Facility Manager during this 12 month period with a view to then assuming the role of Facility Manager in March 2013. The Clinical Manager is also being supported and educated by Oceania to enable her to assume this role.

The Oceania quality and risk management systems are in place at Chiswick Park and improvements to the management of quality improvement documentation since the last audit are evident. For example, there is evidence that quality improvement data is being analysed to identify trends and improve service delivery, and monitoring of quality improvement data occurs. An internal audit programme is in place and audits completed for 2012 reviewed as well as other quality and risk management documentation. Combined Quality Improvement / Health and Safety meetings are held monthly, as are Clinical (including infection control), Staff, and Care meetings. Minutes of meetings are held in a folder in the staffroom and there is documented evidence of reporting on numbers of various clinical indicators and quality and risk issues in meeting minutes.

The adverse event reporting system provides evidence of a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events on accident / incident forms and on the Oceania intranet. However, one area has been identified as requiring improvement as staff are not consistently documenting their observations of the residents in residents records after the resident has had a fall. All residents have an individual incident / accident log on their file. An open disclosure policy is implemented including informing residents and/or family of any adverse events.

The Oceania human resource management system is in place. New staff receive an orientation/induction programme prior to their commencement of care to residents. There is a system in place at the facility to identify, plan, facilitate, and record on-going education for service providers to provide safe and effective services to consumers. The Facility Manager and Clinical Manager are jointly responsible for oversight of the in-service education programme and in-service education sessions are provided on site at least weekly. Staff education records reviewed (six) and interviews of eight care staff (three registered nurses, four caregivers, and one mobility therapist) indicate staff receive at least eight hours education a year. A sampling of six staff records provides evidence human resource management processes are followed. Annual practising certificates are current for all staff who require them to practice.

There is a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery in place at Chiswick Park, and reporting of staffing levels occurs on a daily basis to Oceania Support Office. Registered nurse (RN) cover is provided 24 hours a day.

Information managed through resident files is detailed, comprehensive, secure and accessible for both current and archived files. The service demonstrates that the data entered into the information management system is done in an accurate and timely manner and appropriate to the service.

Continuum of Service Delivery

The resident records in the rest home and hospital evidence that the provider has implemented systems to assess, plan and evaluate the care needs of the residents. Care planning demonstrates residents and their appointed relatives actively participate in care planning processes.

Care plans are developed with the residents or family members, and this is documented on the care plans. The resident's needs, outcomes and/or goals are identified and reviewed. A registered nurse assessment, including a variety of risk assessments are completed on admission and reviewed on a regular basis, at least six monthly or when needed. Stated timeframes are met and the service is co-ordinated to promote continuity of care.

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

An activities coordinator is employed as well as a mobility therapist. There is one activities programme for hospital and rest home residents. Residents and relatives interviewed confirmed their satisfaction with the programme. Resident files evidenced 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. Staff responsible for medicine management have current medication competency assessments, and receive on-going education for medication management. Medication files sighted evidenced three monthly medication reviews by general practitioners. Appropriate systems are in place for residents who are assessed as being competent to self-medicate. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines. Standing orders for GPs are current, the temperatures recorded for the medicines fridge are recorded and all medication charts are held securely in the medication folder.

Food services policies and procedures in place are appropriate to the facility and there is evidence of expertise into menu planning by an Oceania Dietitian. Resident's individual needs are identified, documented and reviewed on a regular basis. Copies of residents dietary profiles are kept in the kitchen and any additional requirements/modified dietary needs for residents are being met. Additional snacks are available for residents after hours when kitchen staff are not present. Residents and family interviewed confirm they enjoy their meals and that adequate food and fluids are provided. This finding was supported by review of resident meeting minutes and review of the resident/family satisfaction survey.

Safe and Appropriate Environment

Oceania have recognised that work is required to the facility long term to modernise and upgrade several areas within Chiswick Park, including some of the smaller rest home bedrooms and bathrooms. External work has been undertaken since the last audit to manage the overgrowth of plants/shrubs and the damage these have caused to the some of the external surfaces. As a result of this work, more natural light is now available in resident areas. A new maintenance person has been employed since the last audit and as a result the ongoing maintenance programme has been improved. The ongoing refurbishment programme enables bedrooms to be repainted/have new wallpaper hung, new flooring installed, new fixtures installed as the rooms become available. Residents interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

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 of waste and hazardous substances. Visual inspection provides evidence of compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers. There are documented policies and procedures for the cleaning and laundry services in place, including appropriate monitoring systems to evaluate the effectiveness of these services. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

There are documented systems in place for essential and emergency services. Staff interviews and review of staff files provides evidence of 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

The restraint minimisation programme defines the use of enablers and restraints. The service has a no restraint approach and actively minimises restraint and the use of enablers. The GPs are actively involved in the assessment of residents and provision is made for GP participation, when a need for restraint or enabler use. Policies and procedures comply with the standard for restraint minimisation and safe practice. Enablers and restraint are well defined, processes for restraint identification are in place and all staff received de-escalation and challenging behaviour training.

There are currently four consumers using enablers. Enablers use is voluntary and the least restrictive option to meeting the needs of the consumers at this facility. The education programme and restraint policy identifies on-going education relevant to the service setting and includes restraint minimisation, challenging behaviour and de-escalation techniques.

Infection Prevention and Control

The Oceania Care Company infection control management systems are in place at Chiswick Park. These systems are documented and have been implemented to minimise the risk of infection to residents, service providers and visitors. The infection control programme implemented meets the needs of the organisation and provides information and resources to

inform staff on infection prevention and control. There are documented policies and procedures in place for the prevention and control of infections. These reflect current accepted good practice and legislative requirements and are readily available for staff access. A senior RN is the Infection Control Coordinator and reports monthly to the Clinical and Quality Improvement meetings. Feedback on infection prevention and control is also provided to the monthly staff meetings.

Service provider's documentation evidences that infection control education is provided to all staff as part of their initial orientation and is provided as part of the ongoing in-service education programme. Infection control education is also provided to staff on a one-to-one basis.

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. Copies of infection graphs and meeting minutes are available in the staff room for staff.