Oceania Care Company Limited - Ohinemuri

CURRENT STATUS: 15-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

Ohinemuri provides rest home, hospital and dementia care for up to 68 residents. Occupancy on the day of the audit was at 64 with 22 residents in the hospital, 27 residents at rest home level care and 15 residents in the secure dementia unit. The facility is operated by Oceania Care Company Limited.

The service has continued to maintain a comprehensive quality and risk management programme that includes management of complaints, incidents, accidents, hazards with a robust health and safety programme in place. There is a strong board and effective governance practices and the service is managed by an experienced manager/registered nurse who has been in the position for nine years. She is supported by a clinical manager who provides oversight of the clinical care services. A well-developed staff orientation and education programme is implemented with all staff working in the dementia unit having completed dementia training.

Seven beds have been confirmed as suitable for either rest home or hospital residents.

Improvements are required within care planning documentation and in documentation of infection control surveillance data.

AUDIT SUMMARY AS AT 15-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

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 15-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 15-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.		**No short falls**

Continuum of Service Delivery	Day of Audit 15-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.		**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 15-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 15-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 15-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

AUDIT RESULTS AS AT 15-OCT-12

Consumer Rights

Services are provided in a manner that is respectful of resident rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Residents and family members 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 displayed along with complaint forms.

Systems are in place to ensure residents are advised on entry to the facility of the complaint processes. Residents and family interviewed demonstrate a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained. There have been no complaint investigations by the Health and Disability Commissioner, police, Accident Compensation Corporation (ACC) or coroner since the previous audit at this facility.

Informed Consent 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 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 manager who provides operational leadership and there is a clinical manager providing clinical oversight. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Ohinemuri has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Data is analysed to improve service delivery and there are monthly key performance indicators that are reported on to head office with qualitative information included. Monthly health and safety, quality improvement, registered nurse, infection control, and resident meetings are held as well as two monthly general staff meetings and restraint meetings. Family meetings are held three monthly. All quality and risk issues are reported on and the facility manager provides a detailed monthly report to the governing body. An internal audit programme for the facility is in place. The quality and risk management programme includes a well-documented business plan reflective of the Paeroa community and there is management of complaints, incidents and accidents, hazard registers and projects that improve service delivery.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to training and performance management. Staff records evidences that human resource processes are followed and these include police checks, a signed contract, reference checking, with current annual practising certificates on file. New staff receive an orientation/induction programme prior to their commencement of care to residents and there is a well implemented staff education programme that includes dementia training for all staff who work in the secure unit. The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. The dementia unit is a secure unit noting that if residents join in with hospital or rest home residents, they are well supervised and monitored. There are always two staff in the dementia unit. Records are according to legislative requirements.

The seven rooms identified as requiring to be audited to ensure that they can be used as hospital beds (currently designated as rest home beds) have additional staffing as numbers increase.

Continuum of Service Delivery

Entry to service delivery is by a pre-admission process through Support Link assessment co-ordinators who assess residents to ascertain their needs level for rest home or hospital level care. Residents declined entry are also entered into the system with the reason given for the decline of service. The resident records in the rest home and hospital evidenced 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.

The residents' needs, outcomes and/or goals are identified and reviewed with resident/family input. The care plan is developed in partnership with the residents and their relatives.

Fourteen files reviewed provided evidence of service delivery to residents. (five rest home & five hospital and four dementia). Three files were reviewed using tracer methodology. The General Practitioner was interviewed via phone during the audit.

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. Care plans are developed with the residents or family members, and this is documented on the care plans. Stated timeframes are met and the service is co-ordinated to promote continuity of care.

Service delivery and interventions are documented and observations are made of the provision of services. These interventions demonstrate consultation and liaison is occurring with other services. Residents confirm interventions are noted in their service delivery plans and are consistent with meeting their needs.

Activities are coordinated and implemented in a planned and organised manner. There are three activities programmes for the three services; hospital dementia and rest home care. 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.

Evaluation occurs where progress is different from expected, the service responds by initiating changes to the service delivery plan, and implementing short term care plans.

Medicine management processes and systems are appropriate to the service setting. Medicine management processes are 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, there is currently one rest home resident self-medicating. 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. The medicines are kept in locked drawers for storage and three monthly assessments are carried. There are no residents in the service who self-administers medicines.

Food services policies and procedures are appropriate to the residents requiring rest home, hospital and dementia care including well-presented pureed meals and food available in the dementia unit at all times. The registered nurses monitor any residents with weight loss and the kitchen staff are aware of any residents with special dietary needs. Resident individual needs are identified, documented and reviewed on a regular basis. The kitchen has been refurbished and the menu has been reviewed by the dietician in September 2012.

Safe and Appropriate Environment

The facility is well maintained with a proactive maintenance system in place and evidence of painting and redecorating. Documented processes for the management of waste and hazardous substances are in place. Any incidents are reported on in a timely manner. The residents physical environment and facilities are fit for their purpose including a large external courtyard and a secure unit with an interesting outdoor area for residents with dementia. All buildings, plant and equipment comply with legislation and both the internal and external areas are safe for residents. Residents and family interviewed state their environment 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 and there are audits to monitor laundry, cleaning and the environment.

There are documented systems in place for essential, emergency and security services and the disaster kits have been improved following the involvement in moving residents after the Christchurch earthquake. Alternative energy and utility sources are maintained and there is an appropriate call bell system available with security systems in place. Residents interviewed state that any call bell is responded to in a timely manner with audits monitoring this.

Seven beds have been confirmed as appropriate to be rest home or hospital beds. They have adequate access for beds, trolleys and equipment.

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 there is 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.

Enablers use is voluntary and the least restrictive option to meeting the needs of the consumers at this facility. The service provides secure areas for residents. 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

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, service providers and visitors.

The infection control programme meets the needs of the organisation and provides information and resources to inform service providers.

Documented policies and procedures are in place for the prevention 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. Relevant infection control education is provided to all staff and to residents, family and visitors as required. Signs noting that norovirus is in the community (noting that it is not in Ohinemuri) have been placed in the foyer with hand sanitizers available.

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 reported to relevant personnel in a timely manner.

An improvement is required to the infection control programme.