

The Ultimate Care Group Limited - Oakland Health

CURRENT STATUS: 11-Dec-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. Oakland Lifecare provides residential care for up to 96 residents who require rest home and hospital level care. Occupancy on the day of the audit was at 73. The facility is operated by The Ultimate Care Group Limited.

There have been changes to the management team since the last audit as a new Facility Manager, who is a registered nurse, has been employed. One of the two Clinical Nurse Leaders/registered nurses is also new since the last audit. There have been no major changes to buildings, plant and equipment since the last audit although a new call bell system has been installed.

Ten areas requiring improvement have been identified during this audit relating to: signing of advance directives by people other than the resident; completion of corrective action plans to address areas requiring improvement; the regularity of staff inservice education; staff not fully completing resident and quality documentation; completion of clinical risk assessments as part of care plan reviews; the absence of planned activities for residents during afternoons; temperature and quality of meals provided; currency of the first aid certificates for all of the registered nurses; attendance of all staff at management of challenging behaviour education; and attendance by all clinical staff at restraint minimisation and safe practice education.

AUDIT SUMMARY AS AT 11-DEC-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

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

Organisational Management	Day of Audit 11-Dec-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 11-Dec-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 11-Dec-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 11-Dec-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 11-Dec-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 11-DEC-12

Consumer Rights

Residents and family interviewed report that services are provided in a manner that is respectful of resident rights, facilitates informed choice and acknowledges cultural and individual values and beliefs. Residents (eight) and family members (two) interviewed state their satisfaction with the service 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 displayed along with complaint forms. Information on the Code is also provided in information packs that are freely available for people making enquiries, residents and their family.

Systems are in place to ensure residents and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Residents and family interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided. There is an area identified as requiring improvement relating to advance directives being signed by family members rather than the resident.

There are systems in place to ensure residents are advised on entry to the facility of the complaint processes. Residents and family members interviewed are able to demonstrate an understanding of these processes. There are appropriate systems in place to manage the complaints processes and a complaints register is maintained. The Senior Manager - Policy Compliance and Development from The Ultimate Care Group (UCG) Head Office advises there is currently one ongoing complaint relating to the standard of care of a resident being investigated by both UCG and the District Health Board. The Facility Manager advises there have been no complaint investigations by the Health and Disability Commissioner, Ministry of Health Police, Accident Compensation Corporation (ACC) or Coroner since the previous audit at this facility.

Organisational Management

Systems are established and maintained by the service provider 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 Facility Manager who is responsible for the day to day management of the services provided at Oakland Lifecare, including clinical care. The Facility Manager, who is a registered nurse, has been in this position since June 2012. The Facility Manager is supported by a Business Manager and two Clinical Nurse Leaders / registered nurses. Twenty four hour registered nurse cover is provided.

The Ultimate Care Group quality and risk management systems are in place at Oakland Lifecare and the Facility Manager is responsible for providing weekly and monthly reports to the governing body. There is evidence of collection, collation, and reporting of quality improvement data and any improvements required to service as a result of this collection and discussion. An internal audit programme for Oakland Lifecare is in place and internal audits are completed as per the internal audit schedule. An area requiring improvement has been identified as several internal audits reviewed indicate areas requiring improvement have been identified as part of the internal audit process but corrective action plans to address these shortfalls are not always documented and/or monitored. Combined quality / infection control / health and safety meetings are held monthly and there is documented evidence of reporting on numbers of various clinical indicators and quality and risk issues identified in these minutes.

There is an adverse event reporting system in place at Oakland Lifecare. The Ultimate Care Group have recently implemented a new adverse event reporting system that will assist with benchmarking of all Ultimate Care Group facilities against each other. An open disclosure policy is implemented including informing family/whanau of any significant change in a residents condition. A review of nine residents files (six hospital and three rest home)

provides evidence communication with family is documented on the 'Incident/Accident Form', in the residents progress notes, and in the 'Whanau/Family Communication Sheets'. This was confirmed by the family members interviewed during this audit.

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 Facility Manager is responsible for facilitation of the inservice education programme at Oakland Lifecare and inservice education is primarily provided via six hour compulsory inservice education days that have been provided three times during 2012. A monthly inservice education planner for 2012 provides evidence of additional inservice education up to and including July 2012, however, an area requiring improvement has been identified as no additional education has been provided since August 2012. The Ultimate Care Group have recently implemented an on-line learning programme that consists of 21 topics that staff are required to complete, along with a worksheet that is submitted to the facility Manager for assessment. A competency register is maintained and the register for 2012 was reviewed during this audit. Staff are supported to complete the ACE Education programme, and it is Ultimate Care Group policy that all staff complete the ACE Dementia modules. A review of 10 staff records provides evidence human resource processes are followed and are completed. An appraisal schedule is in place and current staff appraisals sighted on all staff files reviewed. Annual practising certificates are current for all staff who 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 residents.

There is a clearly documented rationale ('Policy For Service Management') for determining service provider levels and skill mixes in order to provide safe service delivery in place at Oakland Lifecare. The staffing rationale is based on 'SNZ:HB 8163:2005 Indicators for Safe aged-care and dementia-care for Consumers' - 'Table 4 Recommended hours per consumer' and is reported on weekly to the Ultimate Care Group Head Office by the Facility Manager. Registered nurse cover is provided 24 hours a day. The minimum amount of staff on duty at any one time is during the night shift (11.15pm to 7.30am) and consists of two registered nurses and three caregivers. Caregivers interviewed report that there is enough staff on duty and they are able to get through the work allocated to them.

The service provider demonstrates that the information entered into the resident 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. There is an area identified that requires improvement relating to staff not recording their designation on resident documentation, and staff are not consistently signing and dating completed audits.

Continuum of Service Delivery

Residents and families interviewed are very satisfied with the standard of care provided by staff. Clinical staff are educated, and qualified to perform their roles and deliver all aspects of service provision. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to residents assessed as requiring rest home level care, and hospital level care. The registered nurses develop, review, update and evaluate the care plans for residents at least three monthly, or more frequently as the needs of residents change. A variety of risk assessments are completed on admission. Residents or their family have input into the development and review of careplans. 'Whanau/Family Communication

Records Sheets' and progress notes provide evidence that families are kept informed. An area is identified that requires improvement relating to risk assessments are not always completed in line with the evaluation of the careplans.

The activities programme for residents in the rest home and hospital indicates that activities are provided in the mornings only. The programme supports the interests, needs and strengths of residents, and residents and family interviewed confirm they or their relative participate in the programme, and there are some residents who also enjoy self-directed activities. There is an area identified requiring improvement relating to the lack of planned activities in the afternoons.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files reviewed evidence documentation of residents' allergies/sensitivities and three monthly medication reviews completed by general practitioners. Appropriate systems are in place for residents who are assessed as competent to self-medicate. There are currently no residents self-administering their own medicines.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines appropriate to the resident group and additional requirements/modified needs are being met. However, an area requiring improvement with the food service has been identified as residents and family members interviewed report the food is often cold and has to be reheated in microwaves in the dining rooms. There is evidence of nutritional expertise into menu planning. Resident's individual needs are identified, documented and reviewed on a regular basis. Additional snacks are available if the kitchen is closed.

Safe and Appropriate Environment

Oakland Lifecare is an older style building spread over two levels. There are a number of lounges and dining areas throughout the facility. The majority of bedrooms are used to provide single accommodation and several bedrooms have access to shared ensuite facilities.

Documented processes for the management of waste and hazardous substances are in place and staff 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 and staff have completed appropriate training in chemical safety. Visual inspection provides evidence of 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 review of files provides evidence of current training in relevant areas, although an area requiring improvement has been identified as not all of the registered nurses have current first aid certificates. It is acknowledged these registered nurses are rostered to work with registered nurses who do have current first aid certificates, and they are enrolled to attend education in early 2013. Visual inspection provides evidence

alternative energy and utility sources are maintained. A new call bell system has recently been installed and there are security systems in place.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, and the implementation of the processes, demonstrate residents are experiencing services that are the least restrictive. On the day of audit there are 11 residents using a restraint and no residents using enablers.

The service has processes in place at both governance level and facility level for determining restraint approval and processes. Staff interviewed and the files reviewed provides evidence responsibilities are clearly identified and known. The residents' files reviewed provide evidence of resident and family input into the restraint approval processes. Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. The resident's files and meeting minutes evidence that each episode of restraint is being evaluated.

Systems are in place to ensure rigorous assessment of residents is undertaken prior to restraint usage being implemented. The residents' files reviewed demonstrate restraint assessment and risk processes are being followed. There is an area requiring improvement relating to not all clinical and non-clinical staff have received on going education on challenging behaviour and de-escalation techniques, and not all clinical staff have a record of on-going education on restraint and competency assessments are not current.

Infection Prevention and Control

The Ultimate Care Group Limited corporate infection control management systems are in place at Oakland Lifecare. These systems are documented and have been implemented to minimize 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 the service providers on infection prevention and control.

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 provides evidence that infection control education is provided to all service providers as part of their initial orientation and is provided as part of the ongoing in-service education programme.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Review of documentation at Oakland Lifecare provides evidence the surveillance reporting process in place is applicable to the size and complexity of the organization. Results of surveillance are reported on the 'Infection Control Summary' for each area monthly and are collated on to the 'Quality Indicators For Safe Aged-Care' Summary. The Facility Manager reports these clinical indicators to the quality/infection control/health and safety meetings, to staff meetings, and via the 'Weekly & Monthly Reports' to the governing body. Copies of graphs of clinical indicators are displayed in the staff room and staff interviewed report this information is available for them.