

## Oceania Care Company Limited - Tokoroa

**CURRENT STATUS: 13-Feb-13**

**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**

Tokoroa LifeCare is governed and managed by Oceania Care Company Ltd. The service provides 16 rest home beds, 22 hospital beds and 13 dementia beds (total 51). On the day of the audit there are 12 rest home residents, eight dementia residents and 18 hospital residents (total 38). There has been no changes to management, or the facility since the last audit.

The Oceania group strives to provide a 'homely hotel' for all residents. Services at Tokoroa LifeCare are provided in a manner that is commensurate with the needs of the local community. Day to day management is the responsibility of an experienced Manager. There is also strong clinical leadership with additional support and oversight provided by the Clinical Quality Manager.

There are sufficient systems and activities in place to monitor the efficiency and effectiveness of all processes. A range of quality initiatives are implemented and the facility is moving towards continuous improvement activities. Corrective actions are implemented for all identified service short falls.

Human resource processes are robust. There are sufficient numbers of adequately trained staff on duty at all times.

Residents receive services in line with the Code of Health and Disability Services Consumer Rights and best practice is maintained. The facility is purpose built and provides a safe and appropriate environment.

Two low risk areas requiring improvement are required. One relates to the recording of trends on the national data base, and the other requires all care plans to reflect current needs.

### **AUDIT SUMMARY AS AT 13-FEB-13**

Standards have been assessed and summarised below:

#### **Key**

Indicator	Description	Definition
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Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit	Assessment
	13-Feb-13	
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.		<b>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit	Assessment
	13-Feb-13	
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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit	Assessment
	13-Feb-13	
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.		<b>Some standards applicable to this service partially attained and of low risk</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 13-Feb-13	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.		<b>Standards applicable to this service fully attained</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 13-Feb-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 13-Feb-13	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.		<b>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 13-FEB-13**

### **Consumer Rights**

Residents at Tokoroa LifeCare receive services in line with the Code of Health and Disability Services Consumer Rights. The service provides ample opportunities for discussions on the Code and National Advocacy services. The resident's individual privacy and dignity needs are assessed. Privacy is maintained and personal belongings treated with respect.

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.

There are adequately documented procedures regarding the identification and management of abuse and neglect. Staff boundaries are monitored and the adverse event reporting system ensures any identified breach in boundaries is investigated.

The service actively seeks to provide services commensurate to the Tokoroa community. Residents who identify cultural needs have their needs met in a manner that acknowledges

and respects their culture. There is a documented Maori Health Plan which acknowledges the principles of the Treaty of Waitangi and is aimed at reducing barriers to access. Links have been made with both the Maori and Pacific Island community.

Services provided are of an appropriate standard. The Clinical Leader is very experienced and provides leadership to all nurses and healthcare assistants. The assessment and care planning process is consistent with best practice. Clinical indicators are monitored. Additional clinical oversight and leadership is provided by the Oceania Clinical and Quality General Manager.

Management ensures the environment is conducive to effective communication and residents can express concerns in a safe manner. Residents are supported to maintain links with their family and the community. There are a number of bi-lingual staff who can communicate with the non-English speaking residents and interpreter services are accessible.

The complaints process is communicated to all staff, family and residents. A complaints register is maintained. Complaints are well managed and used as opportunities for improvement.

### **Organisational Management**

Tokoroa LifeCare is governed and managed by the Oceania Group Limited. The purpose, values, scope, direction and goals of the organisation are approved by the governing body. The Executive Management Team monitors organisational performance. Strategic and business plans are documented.

Day to day management is the responsibility of the Facility Manager. The Facility Manager is suitably qualified. Adequate succession planning ensures there is a suitably experienced and qualified staff member who can perform the management role during a temporary absence. Additionally, there is support from the Oceania Clinical and Quality General Manager.

The organisation has a well-documented quality and risk management system. The required policies, procedures and work instructions are in place and accessible. Key quality goals are defined and achievement towards these goals is measured and monitored for effectiveness and efficiency. Benchmarking of clinical indicators is conducted at a national level. Trends are monitored. One area of improvement is identified regarding the collation of trends on the national register.

The service implements an effective internal monitoring programme which is moving towards continuous improvement. Corrective actions are developed both proactively and reactively (when a short fall occurs). Tokoroa LifeCare has recently implemented a number of (proactive) quality improvements.

Risks are identified and managed accordingly. The risk management and adverse event reporting system is adequate to ensure trends are identified early. Essential notifications are made where required and incidents are managed in an open and transparent manner.

The human resource management system is conducted in line with good employment practice. Prospective staff are screened and qualifications validated. All staff have a

documented role description which outlines their key accountabilities and functions. The comprehensive orientation and induction process ensures staff are aware of the essential components of service delivery. The training programme is robust and is implemented in conjunction with the Wesley private training establishment for the delivery of the Oceania Residential Certificate in Aged Care.

There is a staffing process in place which ensures there are adequate numbers of sufficiently trained staff on duty at all times.

The organisation defines and implements the requirements of the consumer information management system in line with privacy legislation and best practice for the management of health records.

### **Continuum of Service Delivery**

The service has systems and processes ensuring a resident's entry into the service is facilitated in a competent, equitable, timely and respectful manner. Services are for age related residential care, for residents needing rest home, hospital and dementia level of care.

Entry criteria, assessment and entry screening processes are documented and communicated to residents, relatives and referral agencies.

When entry to the service is declined, the prospective resident and their relatives are informed of the reason for decline and are given options and or contact details for alternative services available in the community.

Residents and relatives confirm they receive timely, competent and appropriate services meeting their specific needs.

Assessments, planning, service provision, evaluation, review and exit from the service is provided by suitably qualified, experienced and competent staff members.

Documentation evidence adequate hand-over and briefing between shifts with documented handover records maintained.

Rostering promotes service provider continuity for residents and the staff rosters. Resident files sampled demonstrated a team approach during service delivery. The medical and clinical reviews evidence a team and multidisciplinary approach to reviews.

Investigation forms include the nature of events, detail regarding times places and the actual event. Corrective actions are identified, preventative actions recorded, and follow up actions implemented.

Resident's PCCP reflect restraint use and appropriate implementation and monitoring of the restraint. The service implemented challenging behaviour monitoring charts with steps for de-escalation of challenging behaviour.

The service provides appropriate information and access to resources to ensure effective assessment is implemented. Resident's needs, outcomes and goals are identified via the assessment process. Registered nurses and the clinical team leader perform the assessments of all residents and complete a wide variety of assessments and risk assessments, including skin integrity, falls risk, mini nutritional assessments (MNA) with

follow through to dietician, cultural, safe handling, continence, pain, challenging behaviour and weight and blood pressure records as appropriate.

The resident's needs are identified and documented with intervention to meet desired outcomes for all residents. Person Centered Care Plans (PCCP's) are individualised.

Residents confirm they have input into their service delivery plans.

Person Centered Care Plans evidence problems and needs identified during the assessment process with clearly identified interventions documented to achieve goals and outcomes.

Medical clinical records, resident information, nutritional assessments, assessment tools, laboratory results, radiology results, communication with other referral agencies and family members, outpatients letters, needs assessment records are appropriately integrated into each individual residents file.

The service ensures family are aware of the contents of the PCCP's and information is available to other health professionals involved with residents. Resident assessments take place in the resident's bedroom or at the GP rooms.

Provision of services and or interventions are consistent with and also contribute to meeting the resident's assessed needs and their desired outcomes. Interviews with individual residents and their relatives confirm their needs are being met and outcomes meet their expectations.

Resident assessments identify needs actions/interventions which are documented to meet desired outcomes. Interventions are consistent with and contribute to meeting the assessed needs identified during assessment on admission or when the person centered care plans (PCCP) are reviewed.

Residents and relatives interviewed confirm current care and treatments meets their needs and their files demonstrate that consultation and liaison has occurred with other services or organisations.

Resident and relative interviews confirm staff are respectful, courteous and standards of care are maintained.

All requirements in relation to this ARC Standard are met.

The clinical nurse leader and manager is responsible for the education programme, and ensures staff have the opportunity to receive updated information and follow best practise guidelines. A record of all health practitioners' practicing certificates and qualifications is kept.

The activities programme for the service meets the needs of the different service groups.

Resident activities include ordinary spontaneous activities and daily living activities. The resident's meeting minutes include evidence of residents having input into the activities programme.

Activities include exercise, self-directed crafts, reading, one-on-one conversations, bingo, music groups, church services (four different denominations), gardening, indoor golf, animals visits and outings.

Thirteen residents interviewed and relatives interviewed were satisfied with the programme and are not coerced to join in.

Evaluations are documented, resident focussed, indicating the degree of achievement/response to the service and the progress towards meeting the desired outcomes.

Resident evaluation is a continuous process and occurs in a timely manner according to the specific needs of the residents.

Evaluations are planned to occur six monthly by the registered nurse with input from the GP, the registered nurse, the resident, the relatives and the activities coordinator.

Transfers in and out of the service are always authorised by the general practitioner.

The service uses a transfer form for transferring patients out of their service to another service provider.

Transfers are arranged through the referral system and a record of each stage of a transfer, including the reason for transfer, is clearly documented in the individual resident records.

Registered nurses assist with the transfer, abide by transfer protocol and prioritise when ordering the ambulance service.

The service provides planned and coordinated transfers, exit or discharge processes to residents that leave the facility.

Risk associated with transfer and discharge are actively minimised where residents leave the service.

All relevant information is documented and communicated to the receiving health provider or service.

The medicine management system for the services provided are managed safely and effectively to meet guidelines, scopes of practice and current legislative requirements.

Staff responsible for medicine management have current medication competency updates and attend in-service education for medication management. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines.

Registered nurses the enrolled nurse and care givers who administer medicines, complete medicines management competencies annually.

There are no residents in the facility that self-administer medicines.

The previous request for improvement regarding medicine charts reviewed having discontinued medicines signed for but not dated is fully attained.

All cooked food is provided fresh and cooked on site. Food, fridge and freezer temperatures are documented and are within an appropriate range. Residents have a nutritional profile developed on admission. Residents requiring extra assistance to eat and drink are assisted by caregivers.

Any special dietary requirements and food preferences are provided for.

There is one request for improvement regarding all care plan goals to reflect the current status of residents and reviews entries and changes to the PCCP to be dated.

### **Safe and Appropriate Environment**

All residents at Tokoroa LifeCare are provided with the safe and appropriate environment. The facility was a purpose built in 2002. The facility is divided into a hospital wing, rest home area and secure dementia unit. The facility also accommodates all kitchen and laundry services.

On-going maintenance and compliance checks ensure the environment remains safe and fit for purpose. The facility has a current building warrant of fitness. Furniture, fixtures, fittings and equipment is chosen (and maintained) with the needs of the resident in mind. Environmental hazards are identified and monitored.

The facility has a combination of full ensembles and shared bathrooms. These are adequate in number and easily accessible.

All residents have a single room. All bedrooms are adequate in size to maintain independence and safety. Residents are encouraged to decorate their rooms with personal possessions.

Residents are provided with adequate and accessible areas for relaxation, activities and dining. There is a lounge and dining area in all three areas. There is also safe and accessible external areas surrounding the building. This includes well maintained paths and gardens. The dementia unit safely accommodates residents who like to wander.

The provider has designated staff for cleaning and laundry. There are adequately documented policies for the management of cleaning and laundry services. The effectiveness of laundry and cleaning processes is monitored.

There are adequately documented processes for the management waste, hazardous substances, emergencies and security situations. All staff receive training in emergency management and first aid. There is an approved fire evacuation plan and fire drills are conducted six monthly. The service has planned for civil defence emergencies and has alternative energy and utility sources available if required.

The service endeavours to maintain the facility at the constantly comfortable temperature. There is adequate heating and ventilation. The organisation has a smoke free policy, however there is a designated smoking area outside for staff who smoke.

### **Restraint Minimisation and Safe Practice**

There is a restraint policy stating that the facility actively promotes restraint minimization and safe practice. The policies include comprehensive restraint procedures to ensure the safety

of the residents that are being restrained. Policy define enablers as 'equipment, devices or furniture, voluntarily used by a resident following appropriate assessment, that limits normal freedom of movement, with the intent of promoting independence, comfort and safety.

The service currently has ten residents using a bedrail or lap belt as restraint and one resident using an enabler.

The restraint process includes identification of the need for restraint, discussion with the GP and the relatives regarding possible interventions, restraint consent is obtained and monitoring processes are implemented.

The duration of restraint is reviewed three monthly or more often, if needed.

The restraint assessment process includes the physical needs of the resident, the potential effect of the restraint and identification of risks, resident or relative input into the decision making process, the method of the restraint decided upon and the monitoring times.

The restraint evaluation form ensured the resident's person centered care plan reflects the changes that are made to restraint use, includes opportunities to better meet the cultural needs of the resident and provides opportunity for relatives to participate in the decision making processes, suggest changes and give consent.

Restraint monitoring forms are signed off by the RN on duty at the end of the shift. Issues regarding restraints as well as restraint reviews are discussed on a daily basis

### **Infection Prevention and Control**

Reporting lines and responsibilities regarding Infection Prevention and Control (IC) are included in the job description of the IC coordinator/clinical leader/RN who reports to the organisation. The IC committee is part of the monthly staff meetings and the two monthly health and safety meetings as appropriate. The IC programme is appropriate to the size, complexity and degree of risk associated with the level of services being provided. This committee is appropriate for the size and complexity of the organisation and monitors the progress of the infection control programme. There is a job description for the IC coordinator.

The IC coordinator/clinical leader/RN and the staff have appropriate access to resident information.

Policies developed by include responsibilities of the IC coordinator, the facility manager, staff and the management team in managing infections. On-going education occurs annually.