

Oceania Care Company Limited - Eversley

CURRENT STATUS: 04-Mar-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the 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

An audit was conducted at Eversley Lifestyle Care. Eversley Lifestyle Care provides both rest home and dementia services and is governed and managed by the Oceania Group. On the day of the audit there are 33 rest home residents and 13 dementia residents. There has been an additional five dementia beds added since the last audit.

The Oceania philosophy to provide a 'homely hotel' is evident at Eversley. Services are provided in a manner that is commensurate with the needs of the residents and 'in keeping' with the aged of the facility. Day to day management is currently the responsibility of a Facility Manager with support from a senior nurse. There is also oversight provided by the Oceania Clinical Quality Manager and Operations Manager.

There are systems and activities in place to monitor the efficiency and effectiveness of all processes. A range of quality initiatives and corrective actions are implemented which demonstrate continuous improvement. Human resource processes are adequate and there are sufficient numbers of adequately trained staff on duty at all times.

Residents receive services in line with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and clinical best practice is maintained. Care and support needs are met.

The audit identified three areas which require an improvement. The provider is required to ensure professional qualification is validated and job descriptions reflect current roles. There is also a requirement to ensure all medication reviews are conducted in a timely manner.

AUDIT SUMMARY AS AT 04-MAR-13

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 fully attained with some standards exceeded

Indicator	Description	Definition
	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 04-Mar-13	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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 04-Mar-13	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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 04-Mar-13	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 standards applicable to this service partially attained and of low risk

Safe and Appropriate Environment	Day of Audit 04-Mar-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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 04-Mar-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 04-Mar-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 04-MAR-13

Consumer Rights

Residents at Eversley Lifestyle Care 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. Consent processes for those deemed not competent are valid.

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 Hastings community. Cultural needs are assessed. 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 the local Maori community.

Services provided are of an appropriate standard. There are senior registered nurses on the roster. 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. Interpreter services are accessible if required.

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. Complaints are managed in an open manner and apologies made to residents/family if, and when, required.

Organisational Management

Eversley Lifestyle Care 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, with oversight from the Oceania Clinical Quality Manager and Operations Manager. A new Facility Manager has been appointed and will commence duties in April 2013. Adequate succession planning ensures there is a suitably experienced and qualified staff member who can perform the management role during a temporary absence.

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.

The service implements an effective quality improvements and internal monitoring programme which demonstrates continuous improvement. Corrective actions are developed both proactively and reactively (when a short fall occurs). Improvements are measured for effectiveness and benefits in terms of resident outcomes.

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 staff are required to 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. A training programme is implemented for all healthcare assistants who ensures all training requirements are met. 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.

Two improvements are required. The provider is required to ensure all professional qualifications are validated and that all staff have a job description which is commensurate with their current duties.

Continuum of Service Delivery

The service have documented systems and processes that are implemented to ensure resident's entry into the service has been facilitated in a competent, equitable, timely and respectful manner. Policies and procedures for entry criteria, assessment and entry screening are recorded and implemented. The service's philosophy is recorded, displayed at the facility and communicated to residents, family, relevant agencies and staff. The admission agreement defines scope of service and includes all the contractual requirements. All the residents' admission agreements sampled evidence residents' sign off. The facility manager interview confirms access and entry processes are followed. The service has systems to ensure declined residents entry to the service are documented.

Residents' needs, outcomes and goals are identified via the assessment process and are recorded in a timely manner. The organisation has processes in place to seek information from a range of sources. The long-term and short-term goals are identified by the residents and service providers and reviewed at regular intervals, at least six monthly or as needs change. Residents have input to their care planning and review. Residents receive adequate and appropriate services in order to meet their assessed and desired needs.

The Diversional Therapist (DT) in the rest home and an activities coordinator in the dementia unit are responsible for the activities throughout the service. Activities are specific to the needs of the residents. The DT and the activities coordinator prepare detailed and colourful life maps for each resident which are kept in the front of the resident's file with information regarding the lives, experiences, their choices, their families and what is important to them. These maps resemble mind maps with extensive use of colour and trinkets specific to the preference of the specific resident. The RNs conduct care plan reviews with input from the resident, family, health care assistants, activities co-ordinator and GPs. Family are notified of changes in resident's conditions. There is recorded evidence of additional input from professional, specialist or multi-disciplinary sources, if this is required. An effective multi-disciplinary team approach is maintained and progress notes detail relevant processes are implemented.

The medication areas in the rest home and dementia unit in the facility evidence appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The controlled drug register is maintained and evidences weekly checks by the staff and by the pharmacist. Resident's standing orders are current and authorised by GPs. GP and staff signature logs are maintained. Medication audits have been conducted. All staff members authorised to administer medicines have current

competencies, sighted in staff files sampled and on staff competency register. Staff education in medicine management was conducted. Twenty medication charts were sampled and demonstrate documentation is legible; PRN medication is clearly identified for individual residents. New and discontinued medicines are dated and signed by the GPs. There is a required improvement in relation to two medicine reviews not having been conducted in a timely manner and one resident's medicines chart did not have allergies / Nil Known Allergies (KNA) recorded.

Food services policies and procedures are appropriate to the service setting, providing seasonal four weekly menus. The menu is developed by a dietitian with timely reviews. Resident's individual dietary needs are identified, documented and reviewed on a regular basis, as part of the care plan review.

Safe and Appropriate Environment

All residents at Eversley Lifestyle Care are provided with the safe and appropriate environment in line with the Oceania 'homely hotel' philosophy. The facility accommodates residents requiring both rest home and dementia services. 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, and the age of the facility in mind. Environmental hazards are identified and monitored.

The facility has a combination of full ensuite 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. The dementia area is separate to the rest home area. There are adequate lounge and dining facilities in both areas. There is also safe and accessible external areas surrounding the building. This includes well maintained paths and a secure garden for the dementia residents.

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 and there is a designated smoking area outside for staff and residents who smoke.

Restraint Minimisation and Safe Practice

Documented systems are in place to ensure the use of restraint is actively minimised. The facility was utilising one restraint and no enablers on audit days. Staff interviews and staff records evidence guidance has been given on RMSPP, enabler usage and prevention and/or de-escalation techniques. The process of assessment and evaluation of enabler use is recorded. Processes are in place at both governance and facility level for determining restraint approval and processes. The restraint team meeting evidence an approval review process. The organisation has implemented a system to approve restraint processes at an organizational level. The input and expertise of appropriate individuals are obtained by the restraint approval group to make these decisions. The role of the "Restraint Coordinator" is delegated to a suitably skilled and experienced service provider, the facility manager /RN. Interview with the restraint co-ordinator is conducted.

There are policies relating to strategies to minimise use of restraint and management of disturbed behaviour in accordance with the requirements of the Service Agreement. The service has systems in place to ensure rigorous assessment of residents is undertaken prior to restraint usage being implemented. There is only one resident currently using restraint in the form of a bedrail at night. The resident's files sampled evidenced restraint assessment risks are documented and evaluated on a regular basis and include resident and/or family input. Multidisciplinary reviews evidence restraint assessment risks are reviewed.

Appropriate systems are in place to ensure the service is using restraint safely. Restraint policies and procedures identify risk processes to be followed when a resident is being restrained. The facility manager's monthly reports to the Governing Body include a review of restraint usage. Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Challenging Behaviour training occurred. The restraint monitoring and quality review occurs on a regular basis and covers all the necessary components. Outcomes of these reviews are documented and reported on to the Governing Body as well as being discussed at facility meetings. Policies and procedures include monitoring and quality review processes.

Infection Prevention and Control

The service has a documented infection control management systems in place to guide staff on all matters relating to infection control

The infection control (IC) policy meets the needs of the organisation and provides information and resources to inform the service providers on infection prevention and control.

There is documented evidence the governing body receives regular reports on infection related issues by regular reporting systems. Policies and procedures include outbreak management, management of staff with infections, health & safety, and a list of modifiable diseases. The infection control programme meets the needs of the organisation and provides information and resources to inform and guide staff. The IC Co-ordinator / RN are a qualified health professional with relevant skills, expertise and resources necessary to achieve the requirements of this standard. The IC Co-ordinator has access to relevant and current information which is appropriate to the size and complexity of the organization.

Policies and procedures on the prevention and control of infection include written material that is relevant to the organisation and reflects current accepted good practice and relevant legislative requirements. The clinical staff interviewed confirms infection control policies and procedures are freely available for them.

The service provider's documentation evidences that infection control education is provided to all staff. All education sessions have evidence of staff attendance and content of the presentation.

The service's IC programme / policy details surveillance processes, including the surveillance objectives, priorities and methods at a level of detail relevant to the service setting and its complexity.

There is no recorded evidence of any outbreak since the last audit.