

## The Ultimate Care Group Limited - Ranburn Lifecare

**CURRENT STATUS: 27-May-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

Ranburn Lifecare provides residential care for up to 71 residents who require hospital level, rest home level, and dementia level care. Occupancy on the day of the audit was 67. There are also 10 independent living units occupied by residents who are fully independent. The facility is operated by The Ultimate Care Group Limited. The majority of bedrooms are to hospital standard and all are used to provide single accommodation. Some bedrooms have ensuite, some have shared ensuite, and most have wash hand basins. Staffing is relatively stable although there has been some movement of staff recently. Staffing hours are increased if required to meet the needs of residents. Quality and risk management documentation and staff personal files are observed to be well managed. Eight areas requiring improvement have been identified during this audit relating to: appointment of a new facility manager; distribution of care staff; management of food service; completion of resident documentation; comprehensiveness of the activities programme for hospital residents; and management of restraint approval processes.

### AUDIT SUMMARY AS AT 27-MAY-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
	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

Indicator	Description	Definition
	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 27-May-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.		<b>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit 27-May-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit 27-May-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.		<b>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 27-May-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 27-May-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>Some standards applicable to this service partially attained and of low risk</b>

<b>Infection Prevention and Control</b>	Day of Audit 27-May-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 27-MAY-13**

### **Consumer Rights**

Resident's interviewed report that services are provided in a manner that is generally respectful of their rights and facilitates informed choice. All residents are provided with information on the Code and complaints processes in the information/enquiry pack. Residents interviewed state they are generally happy with the service provided and report that staff are generally providing care that is appropriate to their needs. There is documented evidence of notification to family members following adverse events and of any significant change in the resident's condition. Visual inspection provides evidence the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms.

There are systems in place to ensure residents and their family are being provided with information to assist them to make informed choices and give informed consent. During interviews, staff demonstrate understanding of informed consent and informed consent processes. Residents interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

The facility manager is responsible for management of complaints and a complaints register is maintained. The residents can use the complaints issues forms or bring issues up at residents' monthly meetings. There has been an on-going complaint relating to the standards of care of a resident that has been investigated by the District Health Board and the Health and Disability Commissioner. Documentation relating to this complaint reviewed during this audit.

## **Organisational Management**

The Ultimate Care Group Limited (UCG) is the governing body and have established systems which defines the scope, direction, goals, vision, and mission statement. Systems are in place for monitoring the service provided at Ranburn Lifecare, including regular monthly and weekly reporting by the facility manager and business manager to the UCG head office. Senior management personnel at the Ultimate Care Group Limited meet on a regular basis and monitor the performance of each aged-care facility. The facility manager is a registered nurse (RN) with a current annual practising certificate who has worked in the aged-care sector since September 2012 when they were appointed to the position of facility manager. The facility manager is responsible for oversight of clinical care provided to residents. An area requiring improvement has been identified as the facility manager has resigned and a replacement is yet to be appointed. It is acknowledged that UCG have processes in place to ensure the safe management of the facility and that the interview process has commenced. An experienced business manager is responsible for the management of all aspects of non-clinical service delivery.

A 'Ranburn Lifecare Business Plan 2013 - 2014' and an 'Ultimate Care Group Quality and Risk Management Plan 2012 - 2014' is used to guide the quality programme and includes quality goals and objectives. There is an internal audit programme, risks are identified and there is a hazard register. Adverse events are documented on accident/incident forms and an electronic database that is able to be reviewed by personnel from UCG head office. Completed accident/incident forms are retained in individual resident's files. Internal audits, accident/incident forms, and meeting minutes reviewed provide evidence that corrective action plans are being developed, implemented, monitored and signed off as being completed to address the issue/s that require/s improvement. Quality/staff meetings are held monthly as are residents' meetings. There is documented evidence of reporting on numbers of various clinical indicators, quality and risk issues, and discussion of any trends identified in the quality/staff meeting. Graphs of clinical indicators are displayed in the staff room along with meeting minutes for staff to review.

There are policies and procedures on human resources management and the validation of current annual practising certificates for RNs and general practitioners (GPs) is occurring. The ACE 'Supporting the Older Person' education programme is provided and an enrolled nurse is an ACE Assessor. All RNs and staff working in the dementia unit are required to complete the ACE Dementia education modules. In-service education is provided two to three times a month and staff also attend external education provided by the District Health Board and other agencies. All care staff involved in medicine management have completed medication education and all RNs have current first aid certificates. Review of seven staff records evidences human resource processes are followed e.g. reference checking, Police checking and interview questionnaires are completed, and individual education records are maintained.

There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The facility manager is responsible for staff rostering and staffing levels are reported weekly to UCG head office. The minimum amount of staff is provided during the night shift and consists of one registered nurse and four care givers, plus the facility manager is available after hours if required. An area requiring improvement relating to distribution of staffing has been identified as some

staff report they struggle to get through their work and indicate the issue could be related to distribution of staffing. Review of documentation and interviews of managers indicates care staff hours have been increased by 104.5 hours per week since early May 2013.

Resident information is entered into a register in an accurate and timely manner. Residents' files are integrated and documentation is legible with the name and designation of the person making the entry identifiable.

### **Continuum of Service Delivery**

Service delivery provides care to residents assessed as requiring rest home level care, hospital level care, and dementia level care. The registered nurses develop, review, update and evaluate residents care plans at least three monthly and short term care plans are developed for residents who have a change in condition. Residents or their family have input into the development and review of care plans. Documentation provides evidence that families are kept very well informed. Residents interviewed are satisfied with the standard of care provided by staff. Residents or their family have input into the development and review of care plans. Areas are identified that require improvement relating to resident documentation not being completed, expressed needs of a resident not met, updating care plans when changes in care occur, no evidence of resident or family input into care planning, and multidisciplinary reviews of care not implemented for all residents.

There are two planned activities programmes, one for the rest home and hospital residents, and one for dementia residents residing in Ranburn Lifecare that supports the rest home and dementia residents interests, needs and strengths. All three areas join together for some activities including entertainment and happy hour. Rest home residents and family interviews confirm the programmes are varied and they or their relative can choose what they would like to participate in. Some of the residents interviewed report they are independent and enjoy their own activities. An area is identified that requires improvement relating to the lack of a specific activities programme for hospital residents, and there is little evidence of activities being provided for hospital residents, especially one to one activities.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Registered nurses, an enrolled nurse and duty leaders are responsible for medicine management and have current medication competency assessments. Medication files reviewed provide evidence of documented three monthly medication reviews completed by the two general practitioners, and there is evidence of documentation of residents' allergies/sensitivities. Weekly and six monthly checks of controlled drugs are completed. The medicine fridge temperatures are recorded daily and are within the recommended range. There are two residents self-administering their own medication, and documentation is evidenced. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines.

An area requiring improvement with the management of the food service provided has been identified as documentation reviewed, interviews conducted, and auditors observations indicates dissatisfaction with the quality of the food service provided. Resident's individual needs are identified on admission, documented in nutrition profiles, and reviewed on a regular basis. Residents confirm that adequate fluids are provided and snacks are available

between meals, e.g. fruit, bread, sandwich fillings, biscuits, cake, ensure. The kitchen has a 'Registration Certificate' issued by Whangarei District Council dated 07 September 2012 that expires 1 August 2013

### **Safe and Appropriate Environment**

Residents' rooms are adequate to allow for the use of mobility aids, lifting aids as well as a carer; as are the size of the doorways, corridors and communal areas. Lighting and ventilation is by external opening windows in residents' rooms and communal areas. All bedrooms are used to provide single accommodation, some bedrooms have ensuite facilities or shared ensuite facilities, and all bedrooms have wash hand basins. There is an adequate number of communal toilet and shower facilities. Extensive internal and external areas are available for sitting and shading is provided in the external areas. An appropriate call bell system is available and security systems are in place.

There are policies and procedures for waste management, cleaning and laundry, and emergency management and these are known by staff. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of safe storage and protective equipment and clothing is provided and is used by staff. Review of documentation provides evidence there are appropriate systems in place to ensure the residents' physical environment is safe, and facilities are fit for their purpose.

There are documented policies and procedures and systems in place for the cleaning and laundry services. These systems include appropriate monitoring systems to evaluate the effectiveness of these services. Staff have completed appropriate training in chemical safety. Visual inspection provides evidence of compliance regarding safe and hygienic storage areas of cleaning equipment, soiled linen and chemicals.

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

Documentation of restraint minimisation and safe practice policies and procedures, and their implementation, demonstrate residents are experiencing services that are least restrictive. There are currently 16 of 25 hospital residents using restraint and no residents using an enabler. Areas are identified requiring improvement relating to the use of restraint not being activity minimised, and a restraint approval group not meeting on a regular basis.

Systems are in place to ensure assessment of residents is undertaken prior to restraint usage being implemented. The residents' files reviewed demonstrates restraint assessment and risk processes are being followed. The residents' files reviewed provides evidence of resident and family input into the restraint approval processes. Restraint evaluation processes are documented and implemented. The residents' files evidence each episode of restraint is being evaluated. Approved restraint for residents is reviewed at least three monthly, and as part of the care plan review. Restraint review is completed on a regular basis.

### **Infection Prevention and Control**

The Ultimate Care Group Limited corporate infection control management systems are fully implemented at Ranburn Lifecare 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. The facility manager is the infection control co-ordinator and there is documented evidence they maintain their knowledge of current infection prevention and control practices. On-going Infection control education has been provided to staff.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Review of documentation at Ranburn 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 manager reports these clinical indicators to the quality/staff/infection control/health and safety meetings and via the 'Weekly and Monthly Reports' to The Ultimate Care Group. Copies of graphs of clinical indicators are displayed in the staff room and staff interviewed report this information is available for them.