

## Oceania Care Company Limited - Everill Orr Village

**CURRENT STATUS: 16-May-13**

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

Everill Orr Village is operated by Oceania Care Company Ltd and provides residential care for up to 106 residents who require hospital or rest home care. Occupancy on the day of the audit was 94 (51 hospital and 43 rest home residents) and seven residents under 65, within residential disability contract. Seventeen rooms can be used for either rest home or hospital care level. This unannounced surveillance audit has been undertaken to verify on-going compliance with specified parts of the Health and Disability Services Standard and the District Health Board contract.

Since the last audit eleven refurbished rooms have been re-opened downstairs in the rest home to accommodate 10 residents in single rooms and two residents in a twin room. Five larger rest home rooms have been refurbished and converted for use by residents needing either rest home or hospital care. It was confirmed during the audit that they meet hospital and rest home specifications and are equipped and resourced in compliance with regulations and the aged care contract requirements.

Staffing has been increased by three enrolled nurses to provide more qualified support in the downstairs rest home wing. There is a lift between levels and direct access to safe external areas.

Improvements have been made since the previous audit in relation to complaints records, use of medications, and restraint education and training. Improvements are required in relation to medication records, access to complaints processes, monitoring of electrical appliances and hot water temperatures, installation of additional handrails in some areas and general maintenance.

### **AUDIT SUMMARY AS AT 16-MAY-13**

Standards have been assessed and summarised below:

#### **Key**

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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 16-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>Some standards applicable to this service partially attained and of low risk</b>

Organisational Management	Day of Audit 16-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>Standards applicable to this service fully attained</b>

Continuum of Service Delivery	Day of Audit 16-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 low risk</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 16-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>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 16-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>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 16-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>

### **Oceania Care Company Limited - Everill Orr**

**CURRENT STATUS: 12-Sep-11**

**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. Everill Orr provides residential care for up to 90 consumers at two service levels - hospital [48 beds] and rest home [42 beds]. Occupancy on the day of the audit was at 86 (53 residents and 33 rest home residents). The facility is operated by Oceania Care Company. Eleven unused beds have been refurbished since the last audit and these rooms are in the final stages of painting with residents to occupy the rooms shortly. This will take the total number of beds to 101.

The Ministry of Health has given permission to use the facilities immediately and at audit the auditor confirmed that they meet hospital and rest home specifications. The services and capacity has therefore been increased to 101.

Improvements were noted since the previous audit in relation to review of policies and procedures, medication administration, repairs and maintenance, storage of chemicals and restraint.

The service continues to implement the quality and risk management programme that is underpinned by an implemented training programme. Rights of residents are upheld and there is staffing in place to adequately support residents. The new manager has already worked to ensure that the team addresses opportunities for improvement. Oceania should be commended for the initiatives taken to raise the standard and quality of food provided for elderly and the appointment of the national food manager who is an expert in his field and the appointment of qualified chefs to the kitchen has led to Everill Orr achieving excellence in food production and quality of presentation.

Improvements are required for four aspects of the standards. These relate to medications, training around restraint and challenging behaviour including restraint competencies and documentation of complaints.

#### **AUDIT SUMMARY AS AT 12-SEP-11**

Standards have been assessed and summarised below:

#### **Key**

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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
	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

<b>Consumer Rights</b>	Day of Audit 12-Sep-11	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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Organisational Management</b>	Day of Audit 12-Sep-11	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>No short falls</b>

<b>Continuum of Service Delivery</b>	Day of Audit 12-Sep-11	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 12-Sep-11	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>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 12-Sep-11	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Infection Prevention and Control	Day of Audit 12-Sep-11	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>No short falls</b>

## AUDIT RESULTS AS AT 12-SEP-11

### Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Consumer and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidences the Health and Disability Commissioner (HDC) Code of Health & Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers and/or 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 & Disability Commissioner, Police, Accident Compensation Corporation (ACC) or Coroner since the previous audit at this facility.

Improvements are required to ensure that all complaints are documented and resolved in a timely manner.

Systems are in place to ensure consumers and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent. The staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

### 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 has a background in managing organisations. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Everill Orr has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Quality/staff meetings are held monthly which report on all quality and risk issues and the facility manager provides a detailed monthly report to the governing body. An internal audit programme is in place.

The adverse event reporting system evidences a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy is implemented including informing consumers and/or family of any adverse events.

The human resource management system provides for the implementation of processes both at the commencement of employment and on-going in relation to training and performance coaching. A sampling of ten staff records evidences human resource processes are followed e.g. reference checking, education/qualifications are checked and interview questionnaires are completed. Annual practising certificates are current for all staff.

New staff receive an orientation/induction programme prior to their commencement of care to providers. A staff education programme is implemented for the service.

The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery.

The service provider demonstrates that the information entered into the consumer 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.

### **Continuum of Service Delivery**

A sampling of the clinical files validates the service delivery to the consumers. This sample size evidences that the provider implements systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs, outcomes and/or goals are identified and these are reviewed on a regular basis with the consumer and/or family member's input.

Planned activities are appropriate to the group setting. Consumers interviewed confirm their satisfaction with the programme. Consumers' files evidence individual activities are provided either within group settings or on a one-on-one basis.

An appropriate medicine management system is implemented. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files sighted evidenced documentation of consumers' allergies/sensitivities and 3 monthly medication reviews completed by general practitioners. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines.

There is an improvement required to provide confirmation that medicines dispensed for one consumer are not administered to any other consumer.

Food services policies and procedures are appropriate to the service setting and evidence expertise into menu planning and understanding of nutritional guidelines. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual

inspection evidences compliance with current legislation and guidelines. Food services are supplied to other facilities and the service has instituted the new programme with excellent systems implemented and overseen by the national food services manager. Oceania should be commended for the initiatives taken to raise the standard and quality of food provided for elderly and the appointment of the national food manager who is an expert in his field and the appointment of qualified chefs to the kitchen has led to Everill Orr achieving excellence in food production and quality of presentation.

### **Safe and Appropriate Environment**

Documented processes for the management of waste and hazardous substances are in place. Any incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. Consumers interviewed state their room 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. Visual inspection evidences 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 files evidence current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Eleven unused beds have been refurbished since the last audit and these rooms are in the final stages of painting with residents to occupy the rooms shortly. This will take the total number of beds to 101. The Ministry of Health has given permission to use the facilities immediately and at audit the auditor confirmed that they meet hospital and rest home specifications. The services and capacity has therefore been increased to 101.

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

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. There is an improvement required to provide confirmation that all staff have completed challenging behaviour training and restraint minimisation training as planned.

The service has processes in place at both governance level and facility level for determining restraint approval and processes. Staff interviewed and files sampled evidence responsibilities are clearly identified and known. Consumers' files sampled evidence



consumer/family input into the restraint approval processes. Restraint Committee meeting minutes evidences an approval review process.

Systems are in place to ensure rigorous assessment of consumer is undertaken prior to restraint usage being implemented. Consumers' files sampled demonstrate restraint assessment and risk processes are being followed.

Staff interviews and records evidence that most clinical staff have received current training on restraint management and most have current restraint competency assessments. There is an improvement required to provide confirmation that all clinical staff have documented restraint competencies.

Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Consumers' files evidence that each episode of restraint is being evaluated and based on the risk of the restraint being used.

### **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 implemented meets the needs of the organisation and provides information and resources to inform the 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.

Service provider's documentation evidences that relevant infection control education is provided to all service providers, support staff and consumers.

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 acted upon, evaluated, and reported to relevant personnel in a timely manner.