

Oceania Care Company Limited - Te Mana Home & Hospital

Current Status: 22 May 2014

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 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Te Mana Home and Hospital is part of the Oceania Group. This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the District Health Board Contract. Te Mana Home and Hospital provides residential hospital and rest home level care for up to 46 residents for the older adult and the younger person living with a disability. Occupancy on the day of the audit is a total of 36 hospital and eight rest home level of care residents (which includes 10 residents under the age of 65 at hospital level of care).

There is a newly appointed facility manager who has extensive experience in managing services with a clinical leader (registered nurse) providing clinical oversight. The clinical and quality manager also provides regional support. Staffing is appropriate to support the needs of residents requiring hospital and rest home care. Improvements are required to the quality programme and documentation of medication administration.

Audit Summary as at 22 May 2014

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

Indicator	Description	Definition
	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 as at 22 May 2014

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.
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Organisational Management as at 22 May 2014

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.
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Continuum of Service Delivery as at 22 May 2014

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 medium or high risk and/or unattained and of low risk.
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Safe and Appropriate Environment as at 22 May 2014

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.
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Restraint Minimisation and Safe Practice as at 22 May 2014

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.
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Infection Prevention and Control as at 22 May 2014

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.
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Audit Results as at 22 May 2014

Consumer Rights

Staff are able to demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with respect and receive services in a manner that considers their dignity, privacy and independence. Information regarding consumers' rights, access to advocacy services and how to lodge a complaint is available to residents and their family and complaints are investigated. The residents' cultural, spiritual and individual values and beliefs are assessed on admission. Staff ensure residents are informed and have choices related to the care they receive.

Organisational Management

Oceania has a documented quality and risk management system that supports the provision of clinical care and support. Policies are reviewed at head office with input from managers across the services. Monthly business status reports allow monitoring of service delivery. Benchmarking reports are produced that include incidents/accidents, infections and complaints. These are used to provide comparisons with other facilities.

There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. An orientation/induction programme provides new staff with relevant information for safe work practice and an ongoing training programme is implemented. Staffing levels are adequate and interviews with residents and relatives demonstrate that they have adequate access to staff to support residents when needed.

There is a new business and care manager appointed who has been in the position for a week who has extensive experience in facility management. The clinical manager has a background in nursing in aged care facilities and has been with the

service for four years.

An improvement is required to corrective action planning with evidence of resolution of issues as these are identified.

Continuum of Service Delivery

The resident's entry into the services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. Each stage of assessment, planning, provision of care and review/evaluation is undertaken by suitably qualified staff who are competent to perform their role. Annual practising certificates are current. The clinical leader (CL) or the registered nurses (RN) conduct the initial assessment using standardised risk assessment tools. An information pack is provided to the resident/families on admission. Admission agreements are signed on admission.

There are no declined potential resident's recorded in the enquiry book. Declined residents would be referred back to the referrer in a timely manner to discuss other referral options.

The service has an integrated system of documentation. The general practitioner (GP) admits new residents within 24 hours and review resident depending on the level of care they require. Long-term care plans are person-centred, developed in a timely manner and evaluated by the CL or RNs six monthly. A multi-disciplinary review is conducted six monthly. Activities provided by the service are appropriate to the needs of the residents. Additional activities are provided for younger residents with disability.

The contents of the verbal hand-over between shifts are comprehensive and resident focused. Progress notes are maintained and the levels of documentation by the staff reflect the care provided during the shifts.

The CL and RNs facilitate residents' access to other medical and non-medical services available for them. Referrals are made to specialist medical services as well as other allied health professionals. Assessments in the resident's level of care are conducted by assessment teams (NASC) with the involvement of the service and the resident's families.

There is a policy for transition, exit, discharge or transfer from services. The yellow envelope is utilised for residents discharged to the hospital. The clinical leader reports that the residents long-term care plan is attached with the medication charts when a resident is transferred to another facility or when taken to the hospital for acute admissions.

A medicines management system is implemented to manage the safe and

appropriate prescribing, dispensing, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocol, and guidelines. The controlled drugs register is current and correct. There are unsigned medication administrations signing areas in sampled medication charts. This is an area for improvement in 1.3.12.1. The medication charts are reviewed regularly by the GP. Fridge monitoring is conducted daily and the readings are within the range. There are no expired or unwanted medications during the audit. Medications for crushing as clearly identified in the medication charts and are approved by the GP and the pharmacist. All staff administering medications have current medication competencies.

There is one resident assessed as competent to self-administer their medicines. The self-administration policy and procedures are implemented.

A resident's individual food, fluids and nutritional needs are met by the service. There is a food service manual. The clinical leader (CL) or registered nurses (RNs) admit new residents to the facility and complete a dietary requirement form, with a copy is given to the cook. The cook holds a current food handling certificate as sighted in the cook's employment file. The cook provides modified diets. The four weeks rotating menu with seasonal variations are reviewed by the dietician last May 2014 and are suitable for the elderly. Food temperatures are recorded. The cook rotates canned goods and labels all cooked and opened foods in the chiller and fridge. The kitchen is clean and there are adequate food supplies in the pantry.

Weight monitoring is conducted monthly or more frequently depending on the resident's weight.

Safe and Appropriate Environment

All building and plant comply with legislation with a current building warrant of fitness in place. There is a preventative and reactive maintenance programme including equipment and electrical checks. Activities can occur in any of the lounges and furniture is arranged to ensure residents are able to move freely and safely including space for residents with mobility aids. Laundry is outsourced and the managers and staff monitor cleaning to ensure that the facility is spotless. Essential emergency and security systems are in place with regular fire drills completed. Call bells are in place and these are monitored to ensure that they are functioning at all times. The facility is appropriate for young people with disabilities.

Restraint Minimisation and Safe Practice

The restraint minimisation policy and procedure are implemented by the service. The restraint register is current and one resident uses an enabler. Restraint assessments, restraint consents and restraint monitoring forms are sighted. Risk management plans in place for all 14 residents on restraint and three monthly

evaluations are in evidence. Restraint minimisation and safe practice is encouraged. The CL is the restraint coordinator. Staff are able to demonstrate good knowledge about restraints and enablers. All staff have current restraint competencies.

Restraint in-service education is completed last 02-May 2014. The restraint minimisation policy and procedures are reviewed annually.

Infection Prevention and Control

The infection control programme is appropriate to the size and scope of the service. The clinical leader (CL) is the infection control coordinator who can access resources both within and outside the organisation. Staff are knowledgeable about infection control and prevention. The infection control committee has representatives from different areas within the service. Relevant in-service training is provided for all staff. Visitors, families and staff are reminded not to enter the service when not feeling well.

There are infection control signage within the service about preventing the spread of infections. Hand gels are available inside the facility and there are adequate hand basins to be used by staff and residents.

The infection control programme is last reviewed on February 2014.