Oceania Care Company Limited - Middlepark Rest Home & Village

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Middlepark Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 April 2017 End date: 11 April 2017

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 37

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

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

General overview of the audit

Middlepark Rest Home and Village can provide services for up to 61 residents requiring rest home or hospital level of care. There were 37 residents at that facility on the first day of the audit.

This surveillance audit was conducted to establish compliance with the relevant aspects of the Health and Disability Services Standards and the facility's contract with the district health board. The audit process included a review of policies and procedures; the review of resident and staff files; observations and interviews with residents, family, management and staff.

The business and care manager is responsible for the overall management of the facility and is supported by an acting clinical manager and the regional and executive management team. Service delivery is monitored.

The areas requiring improvement at the previous certification audit relating to complaints; adverse events and medications have been addressed.

A finding identified at the previous audit relating to risk assessments not being completed as per the required timeframes remains open.

Consumer rights

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.

Information regarding the Health and Disability Commissioners' Consumers' Rights (the Code); the complaints process; and the Health and Disability Advocacy Service is made available to residents and their families on admission and is posted in prominent areas in the facility. Staff interviews demonstrate an understanding of residents' rights and obligations.

Information on the complaints process is available to residents and their family. A complaints register is maintained and complaints are investigated and documented, with corrective actions implemented where required.

Staff communicate with residents and family members following any incident and this recorded in the resident's file.

Residents and family interviews confirmed that the environment is conducive to communication, including identification of any issues, and that staff are respectful of their needs.

Organisational management

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.		Standards applicable to this service fully attained.

Oceania Care Company Limited is the governing body responsible for the services provided at Middlepark Rest Home and Village. The facility has implemented the Oceania Care Company Limited quality and risk management system that supports the provision of clinical care and support. Policies are reviewed and business status reports allow for the monitoring of service delivery. Quality and risk performance is monitored through the organisation's reporting systems. Benchmarking reports include clinical indicators,

infections, incidents/accidents and complaints. An internal audit programme is implemented. Corrective action plans are documented with evidence of resolution of issues when these are identified.

The facility is managed by a business and care manager and supported by an acting clinical manager, who is responsible for the oversight of clinical service provision. Human resource policies, including recruitment and staffing, are current and implemented. Registered nurses are on duty 24 hours a day and staffing levels are adequate across the facility. On-call arrangements for support from senior staff are in place and implemented. Rosters indicated that staff are replaced when on leave.

Continuum of service delivery

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.

The residents' initial assessments, initial care plans and support is provided by competent staff, with ongoing care plan evaluations completed by registered nurses. The nursing interventions are consistent with best practice and care plans are individualised and current. Input from residents, families and allied health professionals is included in the development of care plans and during the evaluation process.

There is a broad range of activities which are appropriate for residents. Residents confirmed they are supported to maintain their interests and participation in activities is voluntary.

The service has a documented medication management system that complies with legislation and guidelines.

The residents' nutritional needs are met and special dietary requirements are catered for. Food services and storage meet food safety requirements.

Safe and appropriate environment

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.

There is a current building warrant of fitness. There have been no building modifications since the last audit.

Restraint minimisation and safe practice

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.

There were no restraints or enablers used in the facility on audit days. There are documented guidelines for the use of restraints, enablers and managing challenging behaviours. Staff receive orientation and training in restraint minimisation and demonstrate understanding of the appropriate use of enablers for residents to maintain their independence, if this is requested.

Infection prevention and control

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.

Monthly surveillance is completed, analysed and reported to the Oceania Care Company Limited support office. Documentation sighted provided evidence that staff are informed of surveillance data.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	0	1	0	0
Criteria	0	38	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The organisation's complaints policy and procedures are in line with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and include timeframes for responding to a complaint. Complaint forms were observed to be available in the facility. All complaints for the 12 months to March 2017 were reviewed. A register of all complaints is maintained and is up to date. There is evidence relating to each complaint held in the complaints folder. This includes: documented evidence of: the date the complaint was received; a description of the complaint; the investigation; the steps taken to resolve the complaint; and date of resolution and sign-off. There was documented evidence of response timeframes meeting requirements. The finding from the last audit is now closed. Residents and family members interviewed confirmed that they know how to make a complaint and stated that they would feel comfortable making a complaint. There has been one complaint referred to the Health and Disability Commission (HDC) since the last audit relating to communication and care. A letter from the HDC, confirming that the complaint required no further follow-up was sighted. There have been no other complaints with external agencies since the last audit.

Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Information is provided to residents and their families as part of the information admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details the services that are included in service provision and those that are paid for by the resident. Resident meetings inform residents of facility activities and provide an opportunity to raise and discuss issues/concerns with management. Minutes of the residents'meetings sighted evidenced that a wide range of subjects are discussed. Residents and families are kept up to date with events in a quarterly newsletter and also advised by letter of upcoming changes such as the centralisation of laundry services. Review of residents' clinical files evidenced timely and open communication with residents and family members. Communication with family members is recorded in the progress notes and on the family communication sheets. Incident records, staff, and families confirmed that family members are kept informed about any change in a resident's condition and if any adverse event occurs and this was also evidenced in the clinical files reviewed. A notice, in multiple languages, on the residents' notice board advises how interpreter services can be accessed through Language Line. These can also be accessed through the district health board (DHB), if required. There were no residents at the facility requiring interpreter services during the audit.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Oceania Care Company Limited (Oceania) is the governing body responsible for the services provided at Middlepark Rest Home and Village, with Oceania's executive management team providing support to the facility. The regional clinical manager provided support during the audit. The monthly business status report provides the executive management team with progress against identified indicators. The company has a documented mission statement, values and goals. These are communicated to residents, staff and family through posters on the wall, information in booklets and in staff training. The facility is managed by a business and care manager (BCM), who has been in their role for nine months and has previous management experience in aged care. The BCM is a registered nurse (RN) and has a Diploma in Business Administration. The BCM is supported in their role by an acting clinical manager, responsible for the oversight of clinical service provision. The facility can provide care for up to 61 residents with 37 beds occupied at the audit. This included 19 residents requiring rest home level care and 16 residents requiring hospital level care. In addition one resident was identified as being under the young people with disability contract and one resident was identified as being under the mental health and addictions contract. Both residents were assessed as requiring rest home level care.

Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	The facility has implemented the Oceania quality and risk management system that guides the provision of clinical care and support. All policies have evidence of timely review and are current. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced-based best practice guidelines. Staff interviews and site inspection confirm that policies are available to staff and staff are informed of new and revised policies through staff meetings. Business status reports allow for the monitoring of service delivery. Quality and risk performance is monitored through the organisation's reporting systems. Benchmarking reports include clinical indicators, infections, incidents/accidents and complaints. An internal audit programme is implemented and results are communicated to staff. Corrective action plans are documented with evidence of resolution of issues when these are identified. Oceania has processes in place for the facility to implement the quality and risk management system and monitor the key components of service delivery. There are reporting systems that demonstrate the collection, collation, and identification of trends and analysis of data. . The 2017 family and resident satisfaction survey shows satisfaction with services provided and this was confirmed through resident interviews. The satisfaction survey results record the current and previous survey results for comparison of data, which evidenced improvement in the results of satisfaction surveys. The facility has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There is evidence that hazard identification forms are completed when a hazard is identified and that hazards are addressed and risks minimised or isolated. Health and safety is audited monthly with a facility health check completed by the clinical and quality manager. Staff interviews confirmed an awareness of health and safety processes and of the need to report hazards, accidents and incidents promptly.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an	FA	The BCM is aware of situations in which the service would need to report and notify statutory authorities. The BCM reported that there had been four notifications to HealthCERT since the last audit. A review of documentation confirmed this. The facility is committed to providing an environment in which all staff are able and encouraged to recognise and report errors or mistakes. Staff records reviewed demonstrated that staff receive education at orientation on the incident and accident reporting process. Staff interviewed understood the adverse event reporting process and their obligation to documenting all untoward events. Incident reports selected for review evidenced the resident's family had been notified, an assessment had been conducted and observation completed. Corrective actions arising from incidents were implemented. Information gathered is regularly shared at monthly meetings with incidents graphed, trends analysed and

open manner.		benchmarking of data occurring with other Oceania facilities. The partial attainment from the previous audit is now closed.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	Human resource policy and processes are in place. All registered nurses hold current annual practising certificates (APC). Current visiting practitioners' practising certificates reviewed are current and include: the general practitioner, pharmacists, dietitian, podiatrist and physiotherapist. Staff files include employment documentation such as appointment documentation, signed contracts and job descriptions. Criminal vetting is completed and an annual appraisal process is in place. All staff files reviewed had evidence of a current performance appraisal. A spreadsheet is kept of the dates of performance appraisals completed. An orientation programme is provided to new staff and staff files show completion of orientation. There is an annual training plan and mandatory training is identified on a training schedule. A training and competency file is held for all staff, with attendance records maintained. There is an electronic database of all staff recording completion of training and competencies. Education and training hours exceed eight hours a year for all staff reviewed and the training schedule and attendance sheets show staff completion of annual competencies, including medication. Two registered nurses (RN) have fully completed the interRAI training, a third RN is in training and a fourth RN is booked for training.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The Oceania safe staffing policy is the foundation for work force planning. Human resource policies, including recruitment and staffing, are current and implemented. Staffing levels are reviewed against current and anticipated workloads, for identified numbers and the appropriate skill mix of staff. These are adjusted as required where there are changes in the services provided and/or the number or complexity of residents. Rosters sighted reflect staffing levels that meet resident acuity and bed occupancy. There is a registered nurse on duty seven days a week and on call arrangements for support from senior staff are in place and implemented. There are systems in place to source additional staff, when required, to address unplanned absences. Rosters indicated that staff are replaced when on leave. The BCM and CM share on-call responsibilities on a week by week basis. Residents and families interviewed confirmed that staffing is adequate to meet the residents' needs. There were 46 staff at the time of the audit, including the BCM. Household staff are appointed and include cleaners who provide seven day a week cleaning, kitchen staff and activity staff.

Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. The medication entries sampled on the electronic system complied with legislation, protocols and guidelines. The previous area requiring improvement is now closed. Medications are stored in a safe and secure way. The e-prescribing electronic system is accessed by use of individual passwords and generic facility log in. Medication reconciliation is conducted by the RNs or GP and this was sighted in the files reviewed. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated and photos uploaded for easy identification. An annual medication competency is completed for all staff administering medications and medication training records were sighted. The clinical staff were observed administering medication correctly. The controlled drug register is current and correct. Weekly and six monthly stock takes are conducted and all medications are stored appropriately. There were no residents self-administering medication at the time of the audit.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The meal service is prepared on site and served in the dining room or in the residents' rooms, if they so request. The menu has been reviewed by a dietitian. The kitchen staff have current food handling certificates. Diets are modified as required and the cook confirmed awareness on dietary needs of the residents. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes and dislikes. The resident's weight is monitored regularly and supplements are provided to residents with identified weight loss issues. The kitchen and pantry were observed to be clean, tidy and stocked. Labels and dates are on all containers and records of temperature monitoring on fridges and freezers are maintained. Regular cleaning is undertaken and all services comply with current legislation and guidelines. The residents and family indicated satisfaction with the food service.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	The residents' care plan interventions are consistent with best practice and individualised to the residents' assessed needs. The short-term care plans are developed as required for short-term problems. The short-term care plans record the desired goal, specific interventions and response to treatment. Observation of clinical staff handover demonstrated that staff discuss the needs of individual residents at commencement of each shift and when resident's needs change.

Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The activities are based on the residents' responses, discussions and interests and according to the capability and cognitive abilities of the residents. Residents' feedback and requests regarding the activities programme resulted in the activities being increased from five days a week to seven days a week. A diversional therapist (DT) has been employed and was participating in their orientation during the audit. Both the newly employed DT and the activities coordinator confirmed the seven day a week activities programme commenced the week of the audit. The residents' activities assessments are conducted and this information is shared with the RNs who complete the activities care plan, which is part of the long-term care plan. The activities care plan is reviewed six monthly along with the long-term care plan. There was evidence the activities staff are part of the evaluation process. The residents were observed to be participating in meaningful activities on audit days. There are planned activities and community connections that are suitable for the residents. The residents and family interviewed reported overall satisfaction with the level and variety of activities provided.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	The residents' long-term care plans and risk assessments (including interRAI) are evaluated at least six monthly and updated when there are any changes. Residents, relatives and staff input is sought in all aspects of care. The evaluations record how the resident is progressing towards meeting their goals and responses to interventions. Short-term care plans are developed when needed and signed and closed out when the short-term problems are resolved.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	There is a current building warrant of fitness displayed in the entrance of the facility. The BCM stated there have not been any alterations to the building since the last audit.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been	FA	The infection surveillance programme is appropriate for the size and complexity of the organisation. Identified infections are recorded on an infection log and reported to Oceania support office as clinical indicators. The acting clinical manager is the infection control coordinator and reviews all reported infections. The infection data is collected, monitored and reviewed monthly to identify trends. The GP is informed in a

specified in the infection control programme.		timely manner when a resident has an infection and appropriate antibiotics are prescribed. Any new infections and any required management plan is discussed at handover to ensure early intervention occurs. Staff interviews confirmed staff are informed of residents' infections. The residents who were diagnosed with infection had short-term care plans completed. Surveillance data is benchmarked within the organisation. The acting clinical manager reported there have been no outbreaks in the facility since last audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The Oceania policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. On the days of the audit there were no residents using enablers or restraints. Residents who present with behaviours that challenge have this recorded in the long-term care plan with reference to assessments and management plan and a 24-hour activities plan. Staff interviews confirmed awareness of the restraint minimisation policies and procedures and definitions of restraint and enabler use.

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Moderate	The initial care plans are completed on residents’ admission to the facility. The initial risk assessments, including interRAI assessments are inconsistently completed within the required timeframes in two of six clinical files reviewed. The long-term care plans were not consistently completed within the three weeks of admission in three of the six files reviewed.	Risk assessments, including interRAI, and long term care plans are not consistently completed within the required timeframes.	Provide evidence the risk assessments, including interRAI and long-term care plans are completed within the required timeframes. 90 days

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.