

The Ultimate Care Group Limited - Mount Victoria Lifecare

Introduction

This report records the results of a Partial Provisional 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 The DAA Group 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:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Poneke House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 November 2017 End date: 10 November 2017
Proposed changes to current services (if any):	Reconfiguration of 18 dual purpose beds to a 17 bed secure dementia unit. This reduces the total number of beds in the facility by one.
Total beds occupied across all premises included in the audit on the first day of the audit:	27

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.

General overview of the audit

Ultimate Care Mount Victoria Lifecare provides rest home and hospital level care for up to 50 residents. The service is operated by Ultimate Care Group Limited and managed by a facility manager and a clinical services manager. The service proposes to reconfigure 18 dual purpose rooms downstairs to a 17 bed secure dementia service. There were no residents in the downstairs wing on the day of audit.

This part provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of staff files, observations and interviews with management and staff.

No improvements were required and the proposed area meets the requirements for the intended purpose. Three areas requiring improvement from the previous audit have been met.

Consumer rights

Not applicable to this audit.

Organisational management

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. An experienced and suitably qualified person manages the facility.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery, and includes regular individual performance review. The service has current staff that have the required qualifications for dementia care and are rostered for the wing. A staffing level and skill mix policy includes a provision to meet the changing needs of dementia residents.

Continuum of service delivery

There is a planned activity programme specific for residents in the dementia wing.

A medication management system is in place to ensure medicines in the dementia service are safely managed and administered by staff who are competent to do so.

There are sufficient resources in food services to meet the nutritional needs of the added dementia residents.

Safe and appropriate environment

The facility meets the needs of dementia residents and has been fully refurbished with a focus on the dementia resident. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are currently well managed. There are adequate provisions of protective equipment and clothing. Chemicals, soiled linen and equipment can be safely stored. Laundry will continue to be undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies. Fire evacuation procedures are in place. The wing has security measures in place.

Restraint minimisation and safe practice

The organisation has implemented policies and procedures that support the minimisation of restraint.

Infection prevention and control

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice can be accessed when needed.

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	18	0	0	0	0	0
Criteria	0	34	0	0	0	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
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the Ultimate Care Group with specific reference to Ultimate Care Mount Victoria. The documents described annual and longer term objectives and the associated operational plans, specifically in relation to the addition of a dementia service at Ultimate Care Mount Victoria. A sample of monthly reports to the board of directors showed adequate information to monitor performance is reported for the current service, including emerging risks and issues, staffing, bed occupancy and the refurbishment of the empty proposed dementia wing.</p> <p>The service is managed by a facility manager (FM) who holds relevant qualifications and has been in the role for three years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The FM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through attending health sector meetings. She is a registered nurse (RN) with a current practising certificate.</p> <p>The service holds contracts with the DHB, MoH for younger people with a disability (YPD), respite, rest home and complex medical conditions. Twenty-seven residents were receiving services under the DHB contract including one</p>

		respite resident and two MoH YPD at the time of audit. In each service stream were 14 rest home residents and 13 hospital residents. There were no residents in the proposed dementia wing.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	When the FM is absent, the clinical services manager (CSM) carries out all the required duties under delegated authority, with additional support from head office. The general manager – clinical (GMC) was on site during the audit and confirmed the current management structure will remain. During absences of key clinical staff, the clinical management is overseen by another registered nurse who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role specific for a dementia unit. Staff interviewed reported that updated orientation process for the dementia unit prepared them for their role. Staff records reviewed showed documentation of completed orientation.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements relating to persons with dementia. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with the DHB. Staff rostered to commence working in the dementia care area have completed or are enrolled in the required education. A staff member is the internal assessor for the programme. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7), including staged increased staffing in the dementia wing. The facility will adjust staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is

		available when needed. Review of a planned four-week roster cycle confirmed adequate staff cover will be provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the facility. Staff who previously worked in the wing have been absorbed within Ultimate Care Mount Victoria and another UCG rest home within the region and will be transferred back as the resident numbers increase.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system is in use at the facility, and will be used in the dementia unit. A previous area for improvement is now closed. Staff are now no longer signing for medications before they are administered</p> <p>Staff competencies for medication management are current.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Clinical pharmacist input is provided monthly/on request.</p> <p>A secure medication room and controlled drug cupboard are in place for use in the dementia wing. Standing orders are used, are current and comply with guidelines.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by a qualified cook and kitchen team, and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The GMC during interview confirmed the service will operate with the organisation wide approved food safety plan, which has yet to be completed. Observation of the kitchen confirmed the service has adequate equipment and space to include the dementia service. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling</p>

		<p>training.</p> <p>During interview kitchen staff confirmed that there are snacks available 24/7 for those residents who require it. This will continue with the dementia unit and provided in the fridge in the units dining area.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	FA	<p>The activities programme will be provided by one trainee diversional therapist who has completed three modules of the national Certificate in Diversional Therapy. She is expecting to have completed training prior to the opening of the unit. A review of the programme and interview with the trainee diversional therapist confirms the activities to be provided are suitable for residents in a dementia unit.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. There is a designated chemical handler who has completed the required approved Chemical Handling Training (HSNO). An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored.</p> <p>There is provision and availability of protective clothing and equipment in the proposed new service.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness (expiry date 01 Aug 2018) is publicly displayed. There have been no structural alterations to the building.</p> <p>The wing for the proposed service has no residents in the bedrooms and has undergone a full refurbishment suitable for a dementia service. There were previously 18 single rooms, however the service is altering one room to be a sensory/activities room. During interview, the GMC said the proposed reconfiguration is for 17 beds.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with staff and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents will be safe and independence is promoted.</p> <p>Internal access to the unit is via stairs and a service lift. Both require security /</p>

		<p>swipe card to gain access or exit from the unit. The service lift in particular is only used by a limited number of staff, ie: kitchen staff who bring meals to the unit. This was observed during the audit visit.</p> <p>External areas are safely maintained, easily accessed and are appropriate to the resident group and setting. There are areas designed for purposeful walking. Within the wing door frames have been painted in different colours to allow residents to identify easily with their room. Large wall murals in communal spaces provide for easily identifiable areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the wing. This includes communal rooms and one bedroom with a full ensuite. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Door width and room size is adequate for the resident group. There is room to store mobility aids and wheelchairs.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas within the dementia unit are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry is undertaken on site in a dedicated laundry. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty to clean flow and handling of soiled linen.</p> <p>There is a small designated cleaning team who have received appropriate training. These staff are undertaking training as confirmed in training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p>

		Cleaning and laundry processes are monitored through the internal audit programme.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff, and make consideration for people with dementia. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 13 July 1998.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the 17 residents in the new area. Water storage tanks are located around the complex, and there is a generator on site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows. Heating is provided by heat pump through floor vents in residents' rooms in the communal areas. Areas were warm and well ventilated throughout the audit.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from head office. There is reference in the programme for dementia services. The infection control programme and manual are reviewed annually by the organisation.</p> <p>The clinical coordinator/registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the general manager clinical, and tabled at the quality/risk committee meeting. This committee includes the general facility manager, IPC coordinator, the health and safety officer, and</p>

		<p>representatives from food services and household management.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>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. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her/his role and responsibilities.</p>

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.

No data to display

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, there 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.