

## **Admatha Dementia Care Limited – Rest Home and Hospital Services**

**Date of audit: 3 & 4 June 2009**

**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.**

Admatha Dementia Care Limited is certified under the Health and Disability Services (Safety) Act 2001 to provide rest home care at Admatha Lodge and hospital level services at Admatha Lodge. This audit is for the achievement in providing specialised dementia services with the relevant health and disability sector standards.

The on site visit occurred on 3 and 4 June 2009. A review of the service policies/procedures and a review of a sample of client/resident files were completed by the auditors. Discussions with staff, management, residents/family, and a tour of the service were also completed.

Admatha Dementia Care Limited continues to meet the assessed standards. A key strength of the service is how it lives and breathes its' values known as the "best friends" approach to care. Families were very positive about the care and how their loved ones are treated with respect and dignity.

Admatha continues to develop and implement a number of good practice initiatives under the guidance and leadership of the Directors and senior staff. The ultimate aim is to better support residents and families on the journey of dementia. These initiatives are summarised as follows: a) All management team members facilitate mentoring of staff, b) Leadership training using Human Synergistics – facilitated by Counselling Skills Institute, c) A leadership group has been established – "Doing It Our Way" – fostering good communication, d) Regular "Best Friends Approach to Care" training is carried out and this is key to the service living its' values and philosophy, e) Non Violent Crisis Intervention training has been established, f) contract a highly regarded motivational therapist to work with Diversional Therapists on a fortnightly basis, g) ongoing extensive pandemic planning in place, h) utilise QPS for benchmarking quarterly against similar Australasian facilities and f) extensive annual training supported by a number of external specialists.

There is a well established quality/risk programme and plan supported by staff participation and involvement. Resident and family participation occurs via resident meetings, monthly family newsletters and monthly relatives and friend support group for suffers of dementia is offered and delivered by an external facilitator. There are also 6 week post admission surveys and respite care surveys. quarterly QPS and internal benchmarking key clinical indicators and resident behaviour incidents for the group's hospitals. Comprehensive quality team meetings occur and they receive reports and data across all areas of service delivery. The Health and Safety Policies are implemented and monitored by the Health and Safety Committee monthly meetings. A Health and safety officer is appointed to and has received training from ACC. The service is tertiary level ACC WSMP to June 2010.

The Staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Rosters are in place for the Lodge and Home and the Lodge has 24 hour RN coverage.

Care Plans are developed by the services Registered Nurses and DT in consultation with caregivers, Physiotherapist, GP, dieticians and others and are reviewed 6 monthly by the registered nurses. Family is involved in the development and review of the care plan. A multi disciplinary meeting occurs 6 monthly. Carers work with the same residents this ensures and maintains continuity of care. 'Team value, input and approach' is reinforced at Admatha through documentation identified in meeting minutes, education, staff, management and relative interviews. Resident files and multidisciplinary meetings evidence an integrated team approach. The care being provided is consistent with the needs of residents as demonstrated on the overview of the care plans and discussion with caregivers, registered nurses, activity/DT staff and management. The passion of staff towards their value statement 'promoting the uniqueness of each person' is reflected in the holistic plan of care and interventions documented, training of staff around the special needs of residents with dementia. Admatha Home and Lodge has a planned 7 days activities programme that is developed by the three Diversional Therapists (in training). They are supported by a DT specialist that joins the DT team fortnightly for mentoring. A range of activities are available. The service has a central kitchen in the Lodge that serves directly to the Lodge dining room. Food is also provided to the Admatha Home (Rest-Home) via insulated trolleys. Admatha Lodge has a large lounge and dining area and a quiet room available. Admatha Home is divided into two wings (A and B). The wings are two distinct home areas with their own dining/lounge areas. Residents are able to access areas for privacy if required. There is a fence for safety around the outside area.

The Infection Committee manages and oversees IC practice at Admatha Home and Lodge. This is a multi-disciplinary team with committee membership comprising representatives from each of the clinical areas, the IC Coordinator, and Manager's. The service continues to illustrate high priority in all areas of infection control and its management. Admatha Home is a restraint free environment and at the Lodge safe restraint practices are well established that require consent of the family and are least restrictive only for safety reasons.

#### CONTINUOUS IMPROVEMENT COMMENDATION:

The service is commended for its achievement of a number of Continuous Improvement (CI) rating and these include:

- Health and Disability Sector Standard (Core): Criterion # 1.1.8.1 for their range of good practice initiatives, # 1.2.3.6 for the ongoing consistency and efficacy of the analysis and evaluation of quality data including Quarterly QPS and internal benchmarking key clinical indicators, # 1.3.3.4 and 1.3.6.4 for implementing the vision that is reflected in a team approach with a comprehensive mentoring programme that assists with support and values, best friends approach to Alzheimer's care, and non violent crisis intervention, # 1.3.7.1 for a comprehensive and 7 day per week activities programme that is supported by a DT specialist that joins the DT team fortnightly for mentoring.
- Restraint Minimisation and Safe Practice: Criterion # 2.2.5.1 for the thoroughness of the 6 monthly approval group meetings and identification of quality improvements.
- Infection Prevention and Control Standard: Criterion # 3.5.3 as the service continues to illustrate high priority in all areas of infection control and its management with the

information obtained through infection control surveillance being used to improve the quality of service.

The audit identified a few criteria for corrective actions and these include an improvement to more consistently use the quality improvement form from internal audits and to expand on enabler procedures and restraint evaluation.

Based on the information and evidence available for this audit, interview discussions with a range of staff, review of client/resident plans and other discussions with clients/family provided supporting evidence that Admatha Dementia Care Limited is meeting the sector standards.

Standards have been assessed and summarised below:

#### Key

Four point scale	Description
<b>Standards applicable to this service attained with some criteria exceeded</b>	Includes commendable elements above the required levels of performance
<b>Standards applicable to this service attained with all criteria achieved</b>	No short falls
<b>Standards applicable to this service attained with some criteria partially achieved or unachieved</b>	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
<b>Some standards or this standard unattained that are applicable to this service</b>	Major shortfalls, significant action is needed to achieve the required levels of performance

<b>Consumer Rights</b>	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.	<b>Standards applicable to this service attained with some criteria exceeded</b>

<b>Organisational Management</b>	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 attained with some criteria partially achieved or unachieved</b>

<b>Continuum of Service Delivery</b>	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>Standards applicable to this service attained with some criteria exceeded</b>

<b>Safe and Appropriate Environment</b>	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.	<b>Standards applicable to this service attained with all criteria achieved</b>

<b>Restraint Minimisation and Safe Practice</b>	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>- Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>- Consumers requiring restraint receive services in a safe manner</li> <li>- Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>	<b>Standards applicable to this service attained with some criteria partially achieved or unachieved</b>

<b>Infection Prevention and Control</b>	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> <li>- There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service.</li> <li>- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>- Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided.</li> <li>- The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>- Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>- Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.</li> </ul>	<b>Standards applicable to this service attained with some criteria exceeded</b>