

## **Northbridge Lifecare Trust**

**Date of audit: 09-Mar-10**

**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**

Northbridge Lifecare Trust is governed by a Trust Board. The home provides rest home and hospital level services for 96 residents. The home is situated in Northcote in a suburban area.

As part of the audit process interviews were conducted with the Manager, Clinical Manager, Registered Nurses, seven health care assistants (who work across all shifts and areas of the home), the diversional therapist, household and maintenance staff and the GP. Eight residents and six relatives were interviewed. Records reviewed on site include: 10 staff files, orientation and education records, nine client files, four using tracer methodology, eighteen medication records.

There has been a complaint to the Ministry of Health and as part of the audit the auditors were requested to, and have reviewed, the following; infection control policies, the updating of the medication management policy, the current complaints register, and implementation of the corrective action plan developed following an external review. Verification of completion and progress is included in this report.

There is evidence that residents' rights are respected by staff and appropriate processes are implemented to ensure residents and relatives are provided with relevant information in order to make informed choices. Residents and relatives are informed of the health and disability code of client rights. Residents' cultural, spiritual and individual values and beliefs are taken into account during service delivery. There have been two complaints received over the period of 2009 and 2010, one of these has been resolved.

There are comprehensive quality and risk management processes with the inclusion of staff and gaining of resident/relatives feedback. Employment processes are implemented that meet legislative requirements. There is a staffing rationale and an appropriate mix of staff and staffing levels in order to provide safe service delivery.

Staff orientation, education and competency checking is well implemented and reviewed.

Consumers are assessed by the NASC assessors prior to entry to the facility.

Assessment occurs, but needs to include assessment of pain, as appropriate.

Consumers care plans reflect current service delivery requirements for each consumer and individual clinical notes are integrated to ensure service delivery continuity. Care plans are comprehensive and reflect the consumers individualised needs, goals and interventions. Family are involved in the process as appropriate, however, evidence of this needs to be documented. Staff use the care plans to guide the service they deliver to assist consumers to reach their desired goals. Risk assessments and care plans are evaluated six monthly, or sooner if there is any changes in a consumers condition. Evaluations from doctors are well documented and consumer focused. Registered nurses review all care on a daily basis. There are 6 monthly multidisciplinary reviews for all consumers. A 5 days a week activities programme is provided with a variety of activities available. Group and individual activities are developed according to the needs and preferences of consumers who choose to participate. Staff follow organisational procedures to ensure consumers experience a planned and coordinated exit, discharge or transfer from the service. Medication systems meet legislative and best practice guidelines, although documentation of allergies and medication reconciliation needs improvement. The registered nurses and senior caregivers administer medications and have their medication management competency tested regularly.

The food service is contracted to Alliance. Individual food and nutritional needs are identified and are met by the service and menus have been reviewed by a dietician. Food services as sighted, meet safe food and hygiene standards.

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, staff and visitors. The infection control coordinator is an experienced registered nurse and has worked at the facility for many years. There are three partial attainments relating to: inclusion of a policy for renovations and construction, policy directive on surveillance methods used, and evaluation of infection control staff education.

The service has a clear documented policy covering the minimisation of restraint use. Restraint use was reviewed by the continuous quality committee with a quality goal implemented to minimise all restraint use without compromising safety to residents, staff and visitors.

Processes are implemented for the safe management of waste, chemicals and hazardous substances.

There are significant renovations being made to the hospital area to include new bedrooms with en-suites and living area. There will also be a new entrance to the hospital area and new laundry. The single level facility has intact and serviceable floor and wall coverings and there is furniture that is appropriate to older people, e.g. raised living room chairs. The rest home is accessible internally from the hospital. There is a large dining/living area. The rooms are well maintained and attractive. There are several outside areas that are available for consumers and their families to access. Consumers are provided with adequate natural light, safe ventilation and an environment that is maintained at a comfortable temperature. There are adequate numbers of communal bathrooms and toilets at the facility. Staff are familiar with emergency and security policies and procedures. Documentation is required around the testing of hot water temperatures.

### **Consumer Rights**

The service has implemented policies which reflect good practice to guide staff in the service provision. The Code of consumer rights and information on the National Health & Disability Advocacy Services is clearly displayed throughout the home and information is provided in the residents' information pack that is provided on admission. Staff are required to meet appropriate practices in relation to privacy, abuse and neglect, discrimination, coercion, harassment and sexual exploitation and these are included in the staff education programme. Comprehensive Maori Health policies and Maori Health Plans have been developed and have been approved by Maori advisors. Interpreter services are identified and made available to residents if required. There is a multicultural staff mix and a number of staff speak more than one language and can assist in day to day communication. Staff have used picture and language cards when required. Residents are provided with information and support to make informed choices and informed consent practice as evidenced, is consistent with legislative requirements. The complaints procedure is compliant with legislation and best practice guidelines. Information on the complaints process is provided in the residents' information pack and complaint forms are available in the home for residents and relatives. Management invite residents and family/whanau to speak to them at any time should they have any issues. Residents and relatives confirmed that they would feel comfortable in approaching management if they had any concerns. There are two complaints for 2009/2010 one has been resolved and the second has been investigated and managed. There was very positive feedback from residents and relatives on the level of communication provided, the interaction with staff and the way in which the residents rights and choices are respected.

### **Organisational Management**

The service has implemented a comprehensive quality and risk management system that is based on the principles of continuous quality improvement. Quality goals and objectives are set and monitored by the continuous quality improvement committee

(CQI) on a monthly basis. The committee includes management and staff from all service areas. Infection control, restraint and health and safety are an integral part of the quality and risk management system. Quality data is collated, analysed, reported and acted on in order to improve service delivery. Residents and relatives input is sought through satisfaction surveys, resident meetings, one on one interaction and feedback. All adverse, unplanned, or untoward events are recorded; corrective action reports are implemented where deficits in service delivery are identified. Residents and their family/whanau are kept informed of any incidents/accidents as per the services open disclosure policy; this was confirmed by residents and relatives interviewed. There are well implemented health and safety processes to eliminate, isolate or minimise actual or potential risks. The health and safety team report through the CQI Committee. Comprehensive health and safety processes have been implemented to ensure safety around the current construction site at the facility. The service has an appropriate staffing policy and rationale. The staffing skill mix includes the Manager, Clinical Manager, Registered Nurses, Enrolled Nurses, health care assistants, diversional therapist, physiotherapist assistant and household and support services staff. Twenty four hour RN cover is provided in the hospital area and they provide support for staff in the rest home. There is a contracted physiotherapist and occupational therapist. Staffing levels as sighted, were above the DHB contract guidelines. Human resources processes are implemented. All staff members have a job description which outlines their role, responsibilities, and lines of reporting and delegated authorities. Employment processes are conducted in accordance with good employment practice. Practising certificates are kept on record for those staff that require them. A number of staff have completed or are undertaking the ACE education modules. Each staff member has a file containing relevant training records. There is a well managed consumer information management system that meets privacy and health information legislative requirements. There is one partial attainment relating to completion of the staff orientation employment check list.

### **Continuum of Service Delivery**

Consumers are assessed by the NASC assessors prior to entry to the facility. An information folder is available for consumers and their families. Referral agencies are informed of Northbridge's entry criteria and availability of beds.

Consumers care plans reflect current service delivery requirements for each consumer. Consumers clinical notes are integrated to ensure service delivery continuity. GPs assess consumers on admission and 3 monthly thereafter, unless the consumer's condition alters and medical reassessment is required. There are 6 monthly multidisciplinary reviews for all consumers where Team leader/RN, Doctor, Diversional therapist and families, where possible, discuss the consumer's care.

A 5 days a week activities programme is provided for consumers with a variety of activities available. Each consumer has an individual social history assessment to ascertain their activity preferences. Consumers activity care plans are recorded.

Group and individual activities are developed according to the needs and preferences of consumers who choose to participate.

Medication administration is administered via blister packs in the rest home and the robotic system in the hospital. The registered nurses and senior caregivers administer medications and have their medication management competency tested regularly. Medication fridge temperature monitoring and GP signature logs were sighted. Controlled drugs were counted on the day of the audit and were correct in both the hospital and rest home. There are regular Doctors who visit the home and there is an on call 24 hour a day and 7 day a week GP service. Staff stated having a Doctor on call and available when needed is a great resource and support to them.

The food service is contracted to Alliance. All food is cooked on site. Individual food and nutritional needs are identified and are met by the service. Menus have been reviewed by a dietitian. The kitchen is centrally located by the rest home and adjacent to the hospital area.

Tracer methodology was used to review three hospital and one rest home consumers. For each of these four consumers the Doctor and registered nurses and care givers who care for these consumers were interviewed as well as the consumers where possible. (2 consumers were unable to be interviewed). The Clinical Manager/RN and infection control/RN coordinator and Team leaders/RN's for rest home and hospital were also interviewed about the care of all four consumers. In total, 7 of 55 rest home consumers and 3 of 30 hospital consumer files were reviewed. There were five partial attainments identified relating to: the completion and documentation of clinical assessments, evaluation of care plans, residents/relative involvement in service planning, reconciliation of medications and documentation of allergies.

### **Safe and Appropriate Environment**

Northbridge is in the process of a major renovation. They are expanding the hospital area to include new bedrooms with ensuites and living area. There will also be a new entrance to the hospital area and new laundry. The auditors were shown around the new extensions and renovations on the day of the audit. The Manager stated that they hope that the renovations will be finished by mid year. There will be no increase of bed numbers. The hospital has 3 four bedded rooms with a shower and toilet for each in addition to rooms that have shared ensuites. There are 10 hospital patients temporarily in studio units that have been altered for hospital level use. They are in the studio units only until the completion of the renovations. These rooms were audited by Telarc Quality Health prior to consumers being allowed to move to these rooms. During the day these consumers are moved to the large hospital living and dining areas and accompanied back to the studio units in the evenings. There are dedicated staff allocated to look after these patients only. Another five hospital

patients are temporarily located in rest home rooms. These patients are cared for by hospital staff.

Documentation evidenced that appropriate systems are in place to ensure the service provides a clean and safe environment for consumers. The facility is well maintained and was visibly very clean on the days of the audit. The single level facility has intact and serviceable floor and wall coverings and there is furniture that is appropriate to older people, e.g. raised living room chairs.

The rest home is accessible internally from the hospital. There is a large dining/living area. The rooms are well maintained and attractive. There are several outside areas that are available for consumers and their families to access. There is one partial attainment relating to the recording of hot water temperatures.

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

The service has a clear documented policy covering the minimisation of restraint use. Restraint is only used where clinically relevant, and as approved. Restraint use was reviewed by the continuous quality committee with a quality goal implemented to minimise all restraint use without compromising safety to residents, staff and visitors. There are three enablers in use for residents' safety. Staff training on enablers and restraint is conducted as part of the education programme.

### **Infection Prevention and Control**

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, staff and visitors.

Documented policies and procedures are in place which reflect the needs of the service and are readily available for staff to access. The infection control coordinator is an experienced RN who has worked at the facility for many years, she reports to the continuous quality improvement committee. Infection control is included in the staff orientation and education programmes which include competency questionnaires. 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.

Processes are in place to effectively manage/isolate staff and/or consumers and visitors who present an infection hazard. Pandemic planning is documented. Consumer files sampled evidenced that care plans identify consumers that are more susceptible to infection as a result of their needs.

A quality review of the programme is conducted annually. There are three partial attainments relating to: inclusion of a policy for renovations and construction, policy

directive on surveillance methods used and evaluation of infection control staff education.

Standards have been assessed and summarised below:

Key

Five 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>	Complies with standards
<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved</b>	A moderate number of shortfalls that require specific action planning to address
<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 all criteria achieved</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 all criteria achieved</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 of low risk partially achieved</b>

<b>Safe and Appropriate Environment</b>	Assessment

<p>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.</p>	<p><b>Standards applicable to this service attained with some criteria of low risk partially achieved</b></p>
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<b>Restraint Minimisation and Safe Practice</b>	Assessment
<p>Includes 3 standards with outcomes where:</p> <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>	<p><b>Standards applicable to this service attained with all criteria achieved</b></p>

<b>Infection Prevention and Control</b>	Assessment
<p>Includes 6 standards which require:</p> <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>	<p><b>Standards applicable to this service attained with some criteria of low risk partially achieved</b></p>