

**Sandra MacLean**

**Date of audit: 08-Jul-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**

The rest home part of Lady Elizabeth was established in 1987 with ten beds. The hospital part of the organisation was commenced in September 1999. Today, the facility has 12 rest home beds and 31 hospital beds. Staff are experienced in providing aged care and have developed skills in the areas of palliative care and stroke rehabilitation. Allied health professional staff are contracted to provide a range of services to residents and a medical practitioner visits weekly. The facility has a 99% occupancy rate and has a large waiting list of people who wish to reside in the place.

The facility is located in a quiet semi-rural area providing a very attractive outlook for residents. The buildings are very well maintained and the many lounge areas are equipped to a high standard. The grounds are spacious and there are several external areas that residents can access and enjoy.

The Nurse Manager is the owner of the facility and has had many years of aged care nursing experience and holds a current practicing certificate.

There were no corrective actions requests from the previous surveillance audit.

### **SUMMARY**

Standards have been assessed and summarised below:

#### **Key**

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	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>A number of shortfalls that require specific action to address</b>

Organisational Management	Indicator	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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Continuum of Service Delivery	Indicator	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>A number of shortfalls that require specific action to address</b>

Safe and Appropriate Environment	Indicator	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>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Indicator	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>No short falls</b>

<b>Infection Prevention and Control</b>	Indicator	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>No short falls</b>

## **AUDIT RESULTS**

### **Consumer Rights**

The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and Maori at the entrance to the facility. It is presented in written format to residents and their families with a full verbal explanation during the admission process. Six monthly residents' meetings provide additional opportunities for an explanation of the Code. Staff receive regular training on the Code. The service has clear and appropriate policies explaining procedures to ensure that residents and their families are fully informed about their rights, how to access support and advocacy services, and how to report complaints and suggestions. The service has documented procedures for delivering services for Maori consumers. On the day of audit, there were no Maori residents living at the facility. Annual cultural training occurs for staff. The personal privacy of the resident is respected at all

times. There are informed consent policies and procedures in place with consent gained for release of information, photographs and outings. There is a corrective action request in relation to ensuring that any advanced directives are only signed by the resident. The complaints process is clearly defined with complaints forms readily available.

### **Organisational Management**

The organisation is managed by the sole owner who is a registered nurse. Strategic planning processes have been put in place by the owner / manager and this involves senior staff who are also involved in reviewing progress towards the achievement of the mission, values and objectives of the organisation. There is evidence of specific planning taking place for the various categories of residents that services are provided to.

There is a resident focused culture exhibited by staff and a real commitment to improving service delivery processes. This is done in a reactive and also proactive manner. Many improvement projects have been completed or are in progress this year. Adverse events are recorded and action is taken where indicated to prevent reoccurrence. The principles of open disclosure are practiced by the nurse manager and her senior staff. A documented policy on open disclosure needs to be developed. Benchmarking of service delivery processes and results using key performance indicators is undertaken with similar organisations. Categories of risk have been identified and documented procedures for dealing with these exist and are monitored annually.

There are appropriate human resource policies in place and knowledge of current best practice is maintained through membership of the Employers and Manufactures Association. Staffing levels are appropriate and are based on the acuity levels of residents which is assessed daily. A wide range of inservice training is provided to staff.

Consumer information is uniquely identifiable and is held in a secure location. Resident files are readily accessible to staff.

### **Continuum of Service Delivery**

Lady Elizabeth Home and Hospital has a pre-entry procedure and information brochure which ensures appropriate admission for residents. All residents have a needs assessment prior to entry to ensure they meet the criteria for the level of care provided. The nurse manager oversees all assessments and care planning with support from the registered nurse, general practitioner, family/whanau and other service providers. The initial assessment includes a nursing and medical assessment, activities and dietary requirements. Long term care plans are developed from this assessment relating to the residents' desired goals and outcomes. Where progress is different to that expected, changes to the care plan are not always documented accordingly; a corrective action request is made in relation to this. On admission an individual activity assessment is completed to identify the residents' preferences and family/whanau are involved in this process. An activities programme is in place and this is planned one month in advance. Medication management systems are in

evident and meet current legislative requirements. Staff receive training in medication administration as part of the ongoing education programme. Residents are very satisfied with the food service and have their individual needs and preferences met. The kitchen is maintained in an orderly and clean manner, however, a corrective action request is made in relation to the need to ensure all dry goods are decanted and dated.

### **Safe and Appropriate Environment**

Lady Elizabeth Home and Hospital provides an excellent environment for its residents. The facility is maintained and equipped to a high standard, provides choices to residents with regard to their relaxation needs and complies with building legislation. There is a large hall that is used for the daily activities programme and for social events. There are a number of external areas where residents can relax that provide rural views. These areas are well equipped with seating, tables and umbrellas. Residents who use mobility aids can move freely around the facility in a safe manner. Staff receive ongoing training in dealing with potential emergency situations and are competent to provide emergency treatment to those requiring it on site. Residents are assured of privacy when attending to personal hygiene through lockable devices on bathroom and toilet doors. Appropriate security arrangements are in place.

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

On the day of audit, there were no restraints or enablers in use. The policy for restraint minimisation includes the definition of an enabler. Restraint policy stresses restraint minimisation with the understanding that at times there will be a need for some form of restraint to ensure the resident's safety and comfort is maintained. All staff are made aware of the restraint minimisation policy as part of their induction process and ongoing training programme. Residents and families are made aware of the restraint policy during the admission process. In the event restraint is required, appropriate assessment, consent, monitoring and review forms are readily available.

### **Infection Prevention and Control**

The service has implemented infection control policies and procedures that are based on accepted good practice relevant to the level of care provided. The policies and procedures cover all aspects of infection control including health and safety, kitchen, laundry and cleaning. The nurse manager is the designated infection control coordinator and is responsible for the implementation of the programme. The programme is approved by the infection control team and external expert advice is obtained as required. Staff receive training in infection control at orientation and on an ongoing basis as part of the education programme. Surveillance data is collected, collated and reported at the monthly infection control meeting as part of the quality system.