

## Waikanae Country Lodge Limited

Date of audit: 05-Aug-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

Waikanae Country Lodge is situated in 3 acres of native bush in the heart of the garden area. The facility is bright and spacious and has a warm home like feel and is appropriate for the needs of the consumers of the service. It is homely, spacious and has all relevant facilities to deliver services. Waikanae is managed by a Director who has been associated with the facility for 17 years, he is supported by a well experienced Clinical Nurse with many years in aged care. The facility has a well established quality and risk system that supports the purpose and direction of the service. Staffing levels are appropriate and the skill mix ensures residents receive appropriate, planned, individualised and skilled care. The facility is certified for 59 beds and includes four swing beds. At the time of audit there are 43 hospital and 14 rest home. Pre-admission procedures and admission documentation is implemented with residents and family at admission. RNs are responsible for assessment and care planning. The activity programme includes a wide variety of activities. Families and residents interviewed were complimentary of the service.

### SUMMARY

Standards have been assessed and summarised below:

#### Key

Indicator	Description	Definition
	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
	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

Indicator	Description	Definition
	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>No short falls</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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</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**

Waikanae Country Lodge ensures consumers are fully informed of the Health and Disability Code of Rights as is required by current legislation. Residents are treated with dignity and respect, noted on the day of audit by the caring way residents were addressed and treated. They are free from discrimination and are informed of their right to complain and access an advocate. There is an established Maori Health plan to enable effective support of Māori. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. Informed consent and complaints management is implemented appropriately.

### **Organisational Management**

The organisations mission statement, " Quality Care, Quality Life" and philosophy, to deliver resident centred care, is documented in the quality plan. This is also reflected in service information given to residents and their family.

Annual goals and objectives are documented. Staff, management and committee meetings and reporting demonstrate a commitment to implementing the QA plan There is an annual Quality Assurance Monitoring schedule, including consumer rights, organisational management - governance, mission statement and philosophy, Quality Assurance Plan, Quality and Risk Management systems,

The services' annual Quality Assurance Plan documents the services commitment to quality improvement and there is evidence of quality improvement and ongoing improvements that involve all staff.

A wide range of policies and procedures are in place to guide staff in providing safe appropriate care.

### **Continuum of Service Delivery**

Comprehensive pre-admission information is made available prior to entry and in the welcome pack given to the resident and family/whanau.

Registered nurses are responsible for each stage of service provision. The initial assessments and care plans are completed by a registered nurse with input from the care givers, along with evaluations and reviews. Family are, where appropriate, involved from time of admission and continue to be involved. There is evidence of referrals to specialist services, specialists, consumers, and consumers family/whanau there is also evidence of community contact.

During the tour of facility it was noted that all staff treated residents with respect and dignity, consumers and families were able to confirm this observation

The service has a diversional therapy programme that provides a wide variety of activities for the consumer that is well established with a committed and experience team.

The medication management system includes Medication Policy and Procedures that follows recognised standards and guidelines for safe medicine management practice. There are food policies procedures for food services and menu planning appropriate to this type of service. Meals are cooked on site. Dietician input is obtained. Residents food preferences are identified and this includes consideration of any particular dietary preference or needs. There is one improvement identified in the kitchen.

### **Safe and Appropriate Environment**

Residents are able to bring their own possessions and are able to adorn their room as desired. Consideration is given to residents needs when purchasing new furniture/equipment. The physical environment is appropriate and safe, with rooms having ensuites, sharing ensuites and adequate communal toilets and showers. There is adequate space for recreation and privacy if needed. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. Smoking is only permitted in

designated areas. The service has waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps, chemicals are stored appropriately.

The building holds a current warrant of fitness, and holds a current approved evacuation scheme. All electrical equipment is checked and tagged annually this is current.

The service has in place policies and procedures for effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. There is a designated area for the storage of cleaning and laundry chemicals.

The service has implemented policies and procedures for civil defence and other emergencies. Emergency lighting and cooking is available in the event of a power failure. There is staff on duty with a current first aid certificate. Fire drills are conducted 6 monthly and there is a current NZFS approved evacuation scheme.

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

There is a Restraint Minimisation and Safe Practice Policy applicable to the service. This includes a restraint protocol from assessment, approval and into the care plan. The aim of the policy and protocol is to minimise the use of restraint and any associated risks. There is Restraint-specific further information around the different types of restraint. There is a Restraint committee that meets 2 monthly. The policy includes a definition of enablers. The service has reviewed the restraint minimisation manual. Beds purchased are now low low beds. Alarm mats are purchased for falls risk out of bed/chair. The call bell system has been reviewed and includes wander alert.

### **Infection Prevention and Control**

The infection control policies and procedures reflect and are compliant with NZS 8134.3:2008, AS/NZS 4187:2003 and AS/NZS 4360:2004 standards as they relate to the management of infection control and the minimisation of risk of infection or transference of infection to consumers, service providers and visitors.

There is an infection control programme in place for residents and staff that is managed by a multi-disciplinary infection control committee, which is appropriate for the size and complexity of the service and is supported by the board. The infection control surveillance programme is well documented.