Karaka Court Limited - Woodlands of Feilding

Date of audit: 08-Oct-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

Woodlands of Fielding (Karaka Court) was an original homestead and was an Edwardian villa and is set in a woodland style garden set in one and a half acres. The service has been upgraded over a number of years and renovated to provide quality care to rest home and hospital residents. There are currently 31 residents (capacity 39), including 16 hospital and15 rest home residents. The service has identified that all 39 beds are swing beds (either rest home or hospital).

The service has made improvements since the previous audit including (but not limited to) advance directives, updating cultural policies and complaints policy, monitoring organisational performance, and some improvement around care planning.

Date of audit: 14 July 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.

Woodlands – Karaka Court was an original homestead and was an Edwardian villa and is set in a woodland style garden set in one and a half acres. The service has been upgraded over a number of years and renovated to provide quality care to rest home and hospital residents.

There are currently 27 residents residing at Woodlands Fielding. There are 11 hospital level residents and 16 resthome level residents.

The service has a current building certificate and maintenance is carried out. Furniture and fittings are selected with consideration to residents' abilities and functioning. Resident's can and do bring in their own furnishings for their rooms.

The service has policies and procedures and this includes a statement of the service philosophy, values and mission statement. There is an organisational chart that shows lines of accountability. A business (strategic) and quality plan May 2009-2010 has been documented and there is an Emergency Plan that includes aims and responsibilities, committee members, procedures in the event of a civil disaster etc.

The service has a developed quality management system and that is implemented. Since the previous audit for certification the service has continued to implement its quality and risk management systems including the review and updating of its policies and procedures with the support of an independent consultant. There is an

Administration Manager who is responsible to the directors for the care and services of the Home and ensuring that the Home meets its service delivery obligations relating to the health of residents and compliance with relevant regulations. The service also has 2 clinical leaders who are registered nurse's and who are responsible for the development and implementation of all care plans and assessments and ongoing care for residents.

There are monthly staff and resident meetings and these provide an opportunity to ensure that good communication occurs.

Care plans are documented under the headings of admission assessment, lifestyle goals, and interventions. Continuity and co-ordination of care is maintained by using integrated resident files. Not all lifestyle plans are up to date and plans do not reflect support in the areas of pain, culture or spirituality and while the service ensures that care plan evaluations occur at regular intervals that are appropriate to resident risk and needs, not all are reviewed 6 monthly.

The service has a diversional therapy programme that is well established.

A comprehensive restraint policy out lines all the requirements of the standard and any associated codes. There is a restraint register that includes bed sides to support residents for safety reasons. A review of files indicated that these appear to be correctly applied with assessments, plans and monitoring completed.

Infection control policies are developed that reflect current accepted good practice. The service analyses trends in infection annually and monthly, the infection control coordinator advises that training is adapted and provided accordingly. There is an opportunity to ensure that the IC coordinator has access to training. Surveillance is corried out according to the methods and processes set out in the infection control policy. There are clear linkages with stakeholders and consumers.

The audit identified some criteria for corrective actions around; a) advanced directives, b) updating cultural policies, c) updating complaints policy, d) updating job descriptions,e) reviewing policies and procedures and streamlining,f) monitoring organsiational performance against the business and quality plan, g) some improvements on assessment and lifestyles plans, h) ensuring that residents are able to call for assistance when required and i) food stored should be covered, labelled and dated.

Interview discussions with a range of staff, review of client/resident plans and other discussions with clients/family provided supporting evidence that Woodlands Fielding is meeting the sector standards.

Based on the information and evidence available for this audit, it is the view of the audit team that:

1. The Health and Disability Services Standards 8134:2008 (Core) are met.
2. The Restraint Minimisation and Safe Practice Standard are met (NZS 8134.2:2008).
3. The Infection Prevention and Control Standard are met (NZS 8134.3:2008).

Standards have been assessed and summarised below:

Key

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

service	performance

Consumer Rights	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.	**Standards applicable to this service attained with some criteria partially achieved**

Organisational Management	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.	**Standards applicable to this service attained with some criteria partially achieved**

Continuum of Service Delivery	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.	**Standards applicable to this service attained with some criteria partially achieved**

Safe and Appropriate Environment	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.	**Standards applicable to this service attained with all criteria achieved**

Restraint Minimisation and Safe Practice	Assessment
Includes 3 standards with outcomes where: - Consumers receive and experience services in the least restrictive manner through restraint minimisation - Consumers requiring restraint receive services in a safe manner - Consumers requiring seclusion receive services in the least restrictive manner	**Standards applicable to this service attained with some criteria partially achieved**

Infection Prevention and Control	Assessment
Includes 6 standards which require: - 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.	**Standards applicable to this service attained with**

- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. - 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. - The organisation provides relevant education on infection control to all service providers, support staff and consumers. - Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. - 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.	**some criteria partially achieved**

AUDIT RESULTS

Consumer Rights

There are monthly staff and resident meetings and these provide an opportunity to ensure that good communication occurs. Residents and / or family / whanau receive appropriate levels of communication from the home. Residents and families are informed of key staff involved in the residents' care. Interpreter services are available when necessary through community source and there is an interpreter policy. Cultural/Maori health policies are in place to support Maori residents and whanau. The service has a linkage to a local Maori advisor/contact and kaumatua. Staff receive cultural training.

The service has advanced directives which have been appropriately signed by the resident, RN and GP.

There is a clearly defined complaints procedure with documented time frames. Documented complaint show appropriate follow-up. Family interviewed stated that complaints are acknowledged and acted on promptly.

Organisational Management

A business and quality plan 2010-2011, has been documented. There is a management structure which includes administration management and RNs with clinical management. Since the previous audit for certification the service has continued to implement its quality and risk management systems including the review and updating of its policies and procedures with the support of an independent consultant.

An administration director is actively involved in the operation of the service. There are a series of meetings to discuss issues, best practice and ongoing developments including the monthly quality and risk/staff meeting, resident meetings and RN meeting. There is a set agenda which includes incident/accident reporting, complaints management, infection control surveillance, health and safety management restraint and discussion of residents. The service has improved from the last audit and documented meetings and follow-up to issues is noted.

The service collects incidents and accidents data. Discussion with staff and review of policies and meetings confirm that there is a clear expectation that families are informed of any unplanned or untoward events. There is an open disclosure policy.

The service has job descriptions are in place for all positions and that there is a generic employment agreement. Job descriptions and appointment specifications are established key positions.

There is an well implemented orientation and training plan and programme. Care staff are well qualified, with all staff having achieved level two Career Force or higher.

There are HR policies and procedures including performance appraisal and management matrix and policy with associated forms, recruitment policies including reference check forms, police vetting policy. The service has appropriate staffing to ensure resident care and safety.

There are resident files in use appropriate to the service, entries are appropriately documented and records are legible in the six resident files reviewed. All RNs has signed with designation. However the care givers in the majority do not note their designation.

Continuum of Service Delivery

An RN assesses residents on admission and completes and initial support plan within 24 hours of admission. A long-term care plan is completed by the RN within three weeks. The service employs two RN clinical leaders and with the other RNs, ensure that there is an RN on-site every day for all shifts.

Care plans are up to date and communication with family is documented, families interviewed stated they are involved in the care and support.

The care being provided is consistent with the needs of the residents. The service ensures that care plan evaluations occur at regular intervals that are appropriate to resident risk and needs. Changes to lifestyle assessment goals and reviews are documented as a result of evaluations.

The service has in place policies and procedures for ensuring all medicine related recording and documentation meets acceptable good practice standards.

The service has a diversional therapy programme that is well established.

There are food policies/procedures for food services and menu planning. Dietician input is obtained. Residents' food preferences are identified and this includes consideration of any

particular dietary preferences or needs. Food in the fridge was covered labelled and dated. Food Services Audit is completed monthly.

Assessments did not always match lifestyle plans, there were no formal pain assessments undertaken.

Issues were noted with signing for medication by staff and GPs and recording of some allergies.

Safe and Appropriate Environment

There is a current building WoF.

Restraint Minimisation and Safe Practice

Restraint education undertaken is recorded in staff records and in the training register. Certificates indicating that training had been completed were sighted in employee files. A comprehensive restraint policy out lines all the requirements of the standard and any associated codes. Restraint education is regarded as important in ensuring that restraint is used as a last resort and that if used is safely applied. Staff were able to talk about the use of enablers as being a voluntary and resident driven decision.

Infection Prevention and Control

There is an IC monitoring procedure in place, which outlines the purpose and methodology for the surveillance of infections. This is supported by a procedure for data collection. The infections are reported as percentage per occupied bed. Trends are analysed and corrective action (including training) is provided as needed.

The RN had attended training sessions at the Local DHB but does not currently attend any peer group or specialty group meetings in order to keep up to date with current trends and accepted practice.