

## **Matamata Country Lodge Limited**

**Date of audit: 17-May-11 – Surveillance Audit**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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**

Matamata Country Lodge is one of four facilities owned and operated by the Cantabria Group. It is an older facility, which is well maintained both inside and out. It is certified for 70 beds consisting of 32 hospital level and 38 rest home level, 12 of the beds are used as 'swing beds' (that is, for either hospital or rest home residents) depending on the community requirement. On the day of audit 69 beds were occupied consisting of 31 hospital level and 38 rest home level residents. The bed rooms are all single occupancy, some with full ensuite facilities and all with hand washing facilities.

Shortfalls from the previous audit in May 2010 have all been addressed by the facility. Aged Residential Contract requirements are met for the criteria reviewed.

Additional standards were reviewed as requested by Healthcert and Waikato District Health Board portfolio manager related to complaint management follow-up and to the introduction of three extra hospital beds in place which have been approved for use by the Ministry of Health since August 2010.

There are four areas for improvement required as a result of this audit. There is lack of documentation related to incident and accidents being discussed with family/whanau. Six monthly restraint minimisation reviews do not have family/whanau input, and restraint monitoring is not documented fully as required to meet the service standards. The controlled medicines register is not checked on a weekly basis as required to meet legislative requirements.

## **Matamata Country Lodge Limited**

**Date of audit: 25-May-10 – Certification Audit**

**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**

Matamata Country Lodge provides residential care for a maximum 62 consumers, 33 at rest home level care and 29 consumers at hospital level care. Occupancy on the day of the audit

was 62 (44 rest home, 16 hospital and 2 respite). The facility is operated by the Cantabria Group of rest homes, hospitals and retirement villages. Two relatives were interviewed, both had spouses in the hospital. Nine consumers were interviewed, 7 from the rest home and 2 from the hospital, all were satisfied with the services provided. Staff from all shifts, including night shift were interviewed. Attempts were made to interview local GPs without success. There were no corrective actions from the previous surveillance audit.

### **Consumer Rights**

Services were found to be provided in a manner that was respectful of consumer rights, facilitated informed choice, minimized harm, and acknowledged cultural and individual values and beliefs. Residents and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. The Code of Rights information is readily displayed along with complaint forms. There is one corrective actions related to there being no locks on the communal toilet doors.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. The service has appropriate systems in place to manage complaints and a register is maintained. There have been no complaint investigations by the Health & Disability Commissioner, Police, ACC or Coroner since the previous audit at this facility.

Consumers, and where appropriate their family/whanau, are provided with appropriate information to assist them to make informed choices and give informed consent. The staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.

### **Organisational Management**

Systems are established and maintained by the governing body which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by a suitably qualified and experienced registered nurse who has long term experience in the age care sector, has worked for the provider since 1993 and has been in this post since November 2008. The service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Matamata Country Lodge has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Quality improvement meetings are held monthly which report on all quality and risk issues and the Manager provides a detailed monthly report to the governing body. An extensive internal audit programme for 2010 is in place. The adverse event reporting system is a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events. There is a corrective action related to the need to develop an open disclosure policy.

The human resource management system provides for the implementation of appropriate employment and ongoing training processes. There is a clearly documented rationale for determining service provider levels and skill mix in order to provide safe service delivery. Staff rosters for 2010, observations on the day and staff and consumer interviews provide evidence of sufficient numbers of care staff on site to provide services. There is a corrective actions related to limited or no cleaning staff being rostered on during the weekends.

The service provider demonstrated that they have a system in place to enter consumer information into a 'Resident Register', in an accurate and timely manner.

### **Continuum of Service Delivery**

Assessments of residents is undertaken face to face by Matamata Country Lodge registered nurses within 24 hours of entry into the service and is considered an opportunity for nurses to begin a working relationship with the resident. An assessment guideline used ensures all significant data and information about the resident is gathered. However, continence assessments, where appropriate, need to be carried out as part of the nursing assessment. There is a corrective action in relation to the need to develop a care plan format that allows staff to write interventions specific to the client goal or health care problem and that the goal is attainable and measurable. There is a corrective action in regards to investigating opportunities to provide sufficient physiotherapy, as prescribed by the doctor, to ensure the interventions contribute to consumers assessed needs and ways to assure implementation is attained. Clients ideas for activities are valued and if possible, most of the ideas are implemented as part of the activities programme.

Residents' medicine prescriptions are reviewed by the GP every three months. Each client has their own stock of medications and 'rolls' of medications are prepared by the pharmacist. There is a corrective action to review medication signing sheets for clients who are prescribed numerous medications to ensure medication is safely administered and accurately recorded at all times.

Food procurement, production, storage, preparation, storage, transportation, delivery and disposal comply with New Zealand food standards, guidelines and regulations.

The information and data systems at Matamata Country Lodge are current and up to date and storage and archive of information is well managed.

### **Safe and Appropriate Environment**

Matamata Country Lodge is a large spacious facility on two levels with a lift connection. The home provides a very pleasant environment for the residents who are able to move freely and safely within it. The facility, fittings and furnishings are maintained at a high standard. The residents rooms are generally large and spacious, and allow for safe use of mobility aids. The hospital wing is purpose designed and allows for the use of specialist nursing equipment and staff assistance. There are a number of apartment rooms that are used for rest home care which have a dining/lounge area, kitchenettes and separate bedrooms. Residents are supported in personalising their rooms with their own furnishings and possessions. Outdoor areas are easily accessible and safe with seating, tables and shade. The hospital and rest home both have large lounge and dining areas, and there are a number of smaller lounges and seating areas throughout the home. Furniture and equipment in communal areas is appropriate for the service level and client group and well maintained. All residents rooms in the hospital and a number of the rest home rooms have full en-suites, and there are a number of communal facilities. Appropriate emergency management and security systems are implemented and staff training conducted. All staff have an appropriate level of first aid and emergency management training. Comprehensive systems are in place for civil defence and pandemic planning with back up utility supplies. The home has a current building warrant of fitness and the fire evacuation scheme is approved by the NZ fire

service. Laundry, cleaning and waste management systems implemented are appropriate to the service level. Processes are implemented for the safe management of waste, infectious or hazardous substances.

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

Policies and procedures relating to restraint minimisation and safe use are implemented. The restraint approval group includes the manager, clinical nurse leader, hospital charge nurse, and the general physician. The residents/relatives are involved in the assessment and review processes. Prior to restraint approval comprehensive assessments are undertaken to determine the need for restraint, and to identify any associated risks and management strategies. Reviews are conducted six monthly as a minimum requirement. Restraint interventions are documented in the residents care plans. Monitoring of individual episodes of restraint is conducted; monitoring forms provide a description of care provision during restraint episodes. There is an up to date restraint register that is reviewed six monthly by the approval team. Documentation sighted provided an auditable record of restraint use. Staff are given the opportunity to feedback on the appropriateness, type, duration and effectiveness of restraint use. Staff education is conducted. Quality review of restraint practice is completed as part of the quality management system. Restraint practice and outcomes are reported at the management team and staff meetings. There are four partial attainments relating to; updating of the restraint policy to include the use of enablers, the documentation of risks associated with the restraint use in the restraint care plan and timeframes for monitoring being related to the risks.

### **Infection Prevention and Control**

There are infection control policies and procedures that are based on accepted good practice that are relevant to the hospital and rest home service level and complexity. Policies and procedures cover all aspects of infection control including occupational safety and health, kitchen, laundry and waste management. A senior RN is the delegated Infection Control Coordinator and she is responsible for the implementation of the programme, and reports to the Manager and Group Manager for Cantabria. The infection control programme is approved by the owners/ directors, group manager and the Cantabria infection control team. The IC Coordinator maintains ongoing education in relation to current infection control practices. The staff can access external specialist advice and support if required. Staff orientation and education includes infection control principles and practice. Infection surveillance processes are implemented, and there is monthly collation of all infections and the use of antibiotic treatments. There is good documentation of analysis and summary reporting of any issues and trends. A spread sheet is completed identifying infections by type and number and this is sent to the group office for benchmarking against other Cantabria facilities. There are well implemented processes for the management of infectious outbreaks and residents and visitors are kept fully informed. Internal IC audits are conducted as part of the quality management processes. There is one partial attainment relating to the completion of an annual programme review.

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 some criteria of low risk partially 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 some criteria of moderate or high risk partially achieved or any criteria 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 of moderate or high risk partially achieved or any criteria unachieved</b>

<b>Safe and Appropriate Environment</b>	Assessment
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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>
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<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 of low risk partially achieved</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 of low risk partially achieved</b>